

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/02/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.								
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER	CONTA	CONTACT Kathy Hovor						
McGowan Insurance Group				PHONE (317) 464-5000 FAX (317) 464-5001				
355 Indiana Avenue				(A/C, No, Ext): (317) 404-3000 (A/C, No): (317) 404-3001 E-MAIL ADDRESS: kathyhoyer@mcgowaninc.com				
Suite 200				INSURER(S) AFFORDING COVERAGE NAIC #				
Indianapolis IN 46204				INSURER A : Markel Insurance Company				
INSURED					Alliance Insura	nce Group	10724	
Murat Shriners, A Division of Shriners International				INSURER C :				
510 N. New Jersey				INSURER D :				
				INSURER E :				
Indianapolis IN 46204 INSURER F :					:			
COVERAGES CERTIFICATE NUMBER: 2022-23 Master REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR TYPE OF INSURANCE IN	DDL SU	BR VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY							00,000 0,000	
						MED EXP (Any one person) \$ 5,0		
A		MNSP000041		11/01/2022	11/01/2023			
GEN'L AGGREGATE LIMIT APPLIES PER:						\$ 2,000,000		
POLICY PRO- JECT LOC							00,000	
OTHER:							00,000	
						(Ea accident)	00,000	
						BODILY INJURY (Per person) \$		
A OWNED SCHEDULED AUTOS ONLY AUTOS		MNSA000041		11/01/2022	11/01/2023	BODILY INJURY (Per accident) \$		
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)		
						· · ·	00,000	
		MNICI 1000044		44/04/0000	44/04/0000		00,000	
A EXCESS LIAB CLAIMS-MADE		MNSU000041		11/01/2022	11/01/2023		00,000	
DED X RETENTION \$ 10,000						PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY Y / N						500),000	
B ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	/A	01-0000136382-00		11/01/2022	11/01/2023		0,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMIPLOTEE \$	0,000	
							110,896	
A Property		MNSP00041		11/01/2022	11/01/2023	Deductible \$5,	000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Old Settlers Veterans Parade 08/06/2023 Mooresville, IN 2:00 PM Contact: Daniel Garholdt 317-834-1173 The following apply when required by written contract: General Liability Additional Insured and Waiver of Subrogation per form MGL 1562 (12/20).								
CERTIFICATE HOLDER C				CANCELLATION				
Old Settlers Veterans Parade				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	Mooresville IN Kattlen a. Hoyen							
Mooresville		IN			Mattiles .	U. Agyen		

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