

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/01/2023

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER						CONTACT Kathy Hoyer						
McGowan Insurance Group						PHONE (A/C, No, Ext): (317) 464-5000 FAX (A/C, No): (317) 4						
355 Indiana Avenue						E-MAIL ADDRESS: kathyhoyer@mcgowaninc.com						
Suite 200						INSURER(S) AFFORDING COVERAGE N.						
Indianapolis IN 46204						INSURER A: Markel Insurance Company					38970	
INSURED						INSURER B: Eastern Alliance Insurance 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 CER			ATE	NUMBER: 2022-23 Maste	er 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   POLICY EFF   POLICY EXP												
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)					
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		φ .	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		<sub>\$</sub> 100,	,000	
								MED EXP (Any one person) \$ 5,00		0		
Α				MNSP000041	ļ	11/01/2022	11/01/2023	PERSONAL & ADV I	L & ADV INJURY \$ 1,00		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,00		00,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ 2,000		00,000		
	OTHER:							Liquor Liability	\$ 1,000,		0,000	
А	AUTOMOBILE LIABILITY						11/01/2023	COMBINED SINGLE (Ea accident)	OMBINED SINGLE LIMIT \$ 1,00		0,000	
	X ANY AUTO					11/01/2022		BODILY INJURY (Per person) \$				
	OWNED SCHEDULED AUTOS ONLY AUTOS			MNSA000041				BODILY INJURY (Per accident) \$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$				
	76.20 61121							Uninsured motorist \$ 1,00		\$ 1,00	0,000	
А	➤ UMBRELLA LIAB ➤ OCCUR				1	11/01/2022	11/01/2023	EACH OCCURRENCE		\$ 5,00	00,000	
	EXCESS LIAB CLAIMS-MADE			MNSU000041				AGGREGATE		\$ 5,00	00,000	
	DED RETENTION \$ 10,000									\$		
В	WORKERS COMPENSATION	N/A				11/01/2022	11/01/2023	➤ PER STATUTE	OTH- ER			
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICE PLANE MADE DE SYCLUDED 2			04 0000436393 00				E.L. EACH ACCIDEN	-	<sub>\$</sub> 500,	,000	
	(Mandatory in NH)			01-0000136382-00	'	11/01/2022	11/01/2023	E.L. DISEASE - EA EMPLOYEE		<sub>\$</sub> 500,	,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		<sub>\$</sub> 500,	,000	
	Bronorty							Contents		\$1,1	10,896	
Α	Property			MNSP00041		11/01/2022	11/01/2023	Deductible		\$5,0	100	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
	Carter's Legacy 5K											
	06/10/2023											
-00	Loogootee, IN											
The following apply when required by written contract: General Liability Additional Insured and Waiver of Subrogation per form MGL 1562 (12/20).												
CEI	RTIFICATE HOLDER	CANCELLATION										
					0110	NII D ANY OF T	LIE ADOVE SE	CODIDED DOLLO			D DEFORE	
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Carter's Legacy 5K						ACCORDANCE WITH THE POLICY PROVISIONS.						

© 1988-2015 ACORD CORPORATION. All rights reserved.

Kattle a. Hoyen

Loogootee

IN

AUTHORIZED REPRESENTATIVE