

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/14/2023

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).

tn	is certificate does not confer rights to	tne c	ertiti	cate nolder in lieu of sucr		. ,					
PRODUCER						CONTACT Kathy Hoyer					
McGowan Insurance Group					PHONE (317) 464-5000 FAX (A/C, No, Ext): (317) 464-5001						
355 Indiana Avenue						E-MAIL ADDRESS: kathyhoyer@mcgowaninc.com					
Suite 200						INSURER(S) AFFORDING COVERAGE NAIC #					
Indianapolis IN 46204					INSURER A: Markel Insurance Company					38970	
INSURED					INSURER B: Eastern Alliance Insurance Group					10724	
Murat Shriners, A Division of Shriners International											
510 N. New Jersey					INSURER C:						
310 N. New Jersey					INSURER D:						
La Passas aPa				IN 40004	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				ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC						11/01/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	,000	
								MED EXP (Any one person)	\$ 5,00	00	
				MNSP000041		11/01/2022		PERSONAL & ADV INJURY	\$ 1,000,000		
								GENERAL AGGREGATE	\$ 2,000,000		
								PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	OTHER:							Liquor Liability	\$ 1,000,000		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED		MNSA000041	MNSA000041		11/01/2022	11/01/2023	BODILY INJURY (Per accident)	\$		
					, ., .,		PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident) Uninsured motorist	\$ 1,000,000		
A	➤ UMBRELLA LIAB ➤ OCCUP		MNG				44/04/2022	combined single innit	F 00	,	
	EXCECCIÓN			MNSU000041		11/01/2022		EACH OCCURRENCE	\$ 5,000,000 \$ 5,000,000		
	EXCESS LIAB CLAIMS-MADE	-		WINS000041	11/01/2022	11/01/2023	AGGREGATE	\$ 5,00	0,000		
	DED RETENTION \$ 10,000							✓ PER OTH-	\$		
В	AND EMPLOYERS' LIABILITY Y/N				11	11/01/2022	11/01/2023	➤ PER STATUTE OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		01-0000136382-00				E.L. EACH ACCIDENT	\$ 500,	•	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$ 500,	•	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,	•	
	Property							Contents	\$1,1°	10,896	
Α	. ,			MNSP00041		11/01/2022	11/01/2023	Deductible	\$5,0	000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
	Little Italy Festival Parade										
	11/2023 ton IN										
Clinton, IN Contact: Adria Davis, (765) 832-1828											
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rne	following apply when required by written co	ntract:	Gene	erai Liability Additional Insure	a ana w	aiver or Subrog	gation per form	MGL 1562 (12/20).			
CFF	RTIFICATE HOLDER		CANC	CANCELLATION							
OEMINIONE NOEDEN						VARIVEEEALIVIT					
Little Italy Festival 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.					
					ACCORDANCE WITH THE POLICI PROVISIONS.						
					AUTHORIZED REPRESENTATIVE						

Kathler a. Hoyen

Clinton

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