

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/05/2020

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 | | | | | | CONTACT Kathy Hover | | | | | |
| McGowan Insurance Group, Inc. | | | | | | PHONE (317) 464-5000 FAX (317) 464-5001 | | | | | |
| 355 Indiana Avenue | | | | | | (A/C, No, Ext): (A/C, No): (A/C, No): | | | | | |
| | te 200 | ADDRESS. , , , | | | | | NAIC # | | | | |
| Indianapolis IN 46204 | | | | | | INSURER A: West American Ins Company | | | | | |
| INSURED | | | | | | INSURER B: Ohio Securities | | | | 44393 | |
| Murat Shriners, A Division of Shriners International | | | | | | Continental Convolts Comment | | | | | |
| 510 N. New Jersey | | | | | Cincinneti Inguinana Company | | | | | 20443 10677 | |
| o to it. New delacy | | | | | INSURER D: | | | | | 10077 | |
| | Indianapolis | IN 46204 | | | INSURER E : INSURER F : | | | | | | |
| COVERAGES CERTIFICATE NUMBER: 2019-20 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 | | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | , | | EACH OCCURRENCE | \$ 1,00 | 0,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | ENTED 1.000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | BKW581 | BKW58146338 | 1 | | | MED EXP (Any one person) | \$ 5,000 | | |
| Α | | | | | | 11/01/2019 | 11/01/2020 | PERSONAL & ADV INJURY | \$ 1,000,000 | | |
| | | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | | |
| | OTHER: | | | | | | | Liquor Liability | \$ 1,000,000 | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | |
| В | OWNED SCHEDULED AUTOS ONLY | | | BAS58146338 | | 11/01/2019 | 11/01/2020 | BODILY INJURY (Per accident) | \$ | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | Uninsured motorist | \$ 1,000,000 | | |
| | ➤ UMBRELLA LIAB ➤ OCCUR | | 6020761035 | | 11/01/2019 | | EACH OCCURRENCE | \$ 5,000 | | | |
| С | EXCESS LIAB CLAIMS-MADE | | | | | 11/01/2019 | 11/01/2020 | AGGREGATE | \$ 5,00 | 0,000 | |
| | DED RETENTION \$ 10,000 | | | | | | | \$ | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE ANY PROPRIETOR PARTNER/EXECUTIVE N | | | | | | 11/01/2020 | PER OTH- STATUTE ER | | | |
| В | | | XWS58146338 | | | 11/01/2019 | | E.L. EACH ACCIDENT | \$ 500,000 | | |
| | (Mandatory in NH) | N/A | AW336140336 | | 11/01/2019 | 11/01/2020 | E.L. DISEASE - EA EMPLOYEE \$ 500 | | ,000 | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT \$ 50 | | ,000 | | |
| | D&O, EPLI | | | | | | | Limit | \$3,0 | 00,000 | |
| D | 540, 2. 2. | | | EMN0417531 | | 01/01/2019 | 01/01/2020 | Deductible | \$5,0 | 000 | |
| | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (AC | ORD 1 | 01, Additional Remarks Schedule, | may be at | tached if more sp | ace is required) | | | | |
| June 14, 2020 Fairland Festival Parade | | | | | | | | | | | |
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| CEI | RTIFICATE HOLDER | | | CANCELLATION | | | | | | | |
| Fairland 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. AUTHORIZED REPRESENTATIVE | | | | | |
| | | | | | | | | | | | |
| l | Fairland | IN | | | Kattle O. Hoyen | | | | | | |