

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/05/2021

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 liqu of such endorsement(s)

this certifica	ate does not confer rights to the certificate ho	der	in lieu of such	endorsen	nent(s).			
PRODUCER				CONTACT NAME:	Kathy Hoyer			
McGowan Insu	rance Group			PHONE (A/C, No, Ext	(317) 464-5000	FAX (A/C, No):	(317)	464-5001
355 Indiana Ave	enue			E-MAIL ADDRESS:	kathyhoyer@mcgowaninc.com			
Suite 200					INSURER(S) AFFORDING COVERAGE			NAIC #
Indianapolis		IN	46204	INSURER A :	Illinois National Insurance Company			23817
INSURED				INSURER B	Granite State Insurance Company			23809
	Murat Shriners, A Division of Shriners International			INSURER C	National Union Fire Ins Co of Pittsburgh F	PA		19445
	510 N. New Jersey			INSURER D	Eastern Alliance Insurance Group			10724
				INSURER E :				
	Indianapolis	IN	46204	INSURER F :				
COVERAGES	CERTIFICATE NUMBE	R:	2020-21 Maste	er	REVISION NUM	BER:		

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		ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
				06LX090027895	11/01/2020	11/01/2021	PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- PCT LOC							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						Liquor Liability	\$ 1,000,000
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
X ANY AUTO			BODILY INJURY (Per person)				\$	
	AUTOS ONLY AUTOS			02CA091016134	11/01/2020	11/01/2021	BODILY INJURY (Per accident)	\$
×	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							Uninsured motorist	\$ 1,000,000
×	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE			29UD092005734	11/01/2020	11/01/2021	AGGREGATE	\$ 5,000,000
	DED RETENTION \$ 10,000							\$
WORKERS COMPENSATION				01-0000136382-00	11/01/2020	11/01/2021	PER OTH- STATUTE ER	
ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 500,000
(Man							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,000
Pro	Property						Blanket Bldg & Contents	\$1,600,000
' '				06LX090027895	11/01/2020	11/01/2021	Deductible	\$5,000
	WOR AND ANY OFFI (Man If yees DESc	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY VORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A NYA WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A NYA N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A NYA N/A N/A	TYPE OF INSURANCE NSD WVD	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY WIMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 10,000 WORKERS COMPENSATION AND PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Property OGLX090027895 06LX090027895 02CA091016134 22UD092005734 01-0000136382-00	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY LOCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Property	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCUR OBLX090027895 11/01/2020 11/01/2020 11/01/2021 DESCRIPTION S 10,000 WORKERS COMPENSATION AND ENTROLOGY AND PROPERSTION RAND ENTROLOGY SCIENCE MELAGENEROS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND PROPERSTION SHOWN POOL OF OPERATIONS below POLICY DESCRIPTION S 10,000 OCCUR EXCESS LIAB CLAIMS-MADE CLAIMS-MADE CERCIFIC MAND PROPERSTION SHIP II yes, describe under Conference of the Company of

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Jasper Straussenfest - August 8, 2021 12:30 pm

CERTIFICATE HOLDER		CANCELLATION			
Jasper Straussenfest		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			
Jasper	IN	Kathle a. Hoyen			