

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/17/2023

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					NAME: Rathy Hoyer					
McGowan Insurance Group					(A/C, No):					
355 Indiana Avenue					ADDRESS: kathyhoyer@mcgowaninc.com					
Suite 200					INSURER(S) AFFORDING COVERAGE					
Indianapolis IN 46204					INSURER A : Markel Insurance Company					
INSURED					INSURER B: Eastern Alliance Insurance Group					
Murat Shriners, A Division of Shriners International					INSURER C :					
510 N. New Jersey					INSURER D :					
Indianapolis IN 46204					INSURER E :					
Indianapolis	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	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY								_{\$} 1,00		
CLAIMS-MADE 🗙 OCCUR								_{\$} 100,		
								_{\$} 5,00		
A			MNSP000041		11/01/2022	11/01/2023		\$ 1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:								_{\$} 2,00		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	_{\$} 2,00	0,000	
OTHER:								\$ 1,00	0,000	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
ANY AUTO					11/01/2022	11/01/2023	BODILY INJURY (Per person)	erson) \$		
A OWNED SCHEDULED AUTOS ONLY			MNSA000041				BODILY INJURY (Per accident)			
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$ 1,00	0,000	
							EACH OCCURRENCE	\$ 5,00	0,000	
A EXCESS LIAB CLAIMS-MADE			MNSU000041		11/01/2022	11/01/2023	AGGREGATE	\$ 5,00	0,000	
DED 🗙 RETENTION \$ 10,000								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTEOTH- ER			
	N/A		01-0000136382-00		11/01/2022	11/01/2023	E.L. EACH ACCIDENT	_{\$} 500,	000	
(Mandatory in NH)	11/2		01 0000100002 00		11/01/2022	11/01/2020	E.L. DISEASE - EA EMPLOYEE	_{\$} 500,	000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	_{\$} 500,	000	
Property							Contents	\$1,1	10,896	
A			MNSP00041		11/01/2022	11/01/2023	Deductible	\$5,0	00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Monroe County Fall Festival Parade 09-23-2023 11:00 AM Ellettsville, IN 47429. The following apply when required by written contract: General Liability Additional Insured and Waiver of Subrogation per form MGL 1562 (12/20).										
CERTIFICATE HOLDER CANCELLATION										
Monroe County Fall 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.					
				AUTHO	RIZED REPRESE	NTATIVE				
Ellettsville			IN 47429	Kattle Q. Hoyen						

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