

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/07/2022

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 Hoyer				
McGowan Insurance Group		PHONE (A/C, No, Ext): (317) 464-5000	FAX (A/C, No): (317) 46	64-5001		
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		INSURER C:				
510 N. New Jersey		INSURER D:				
		INSURER E :				
Indianapolis	IN 46204	INSURER F:				
COVERAGES CERTIFICATE NUMBER	R: 2021-22 Mast	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, EYELLISIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN PEDITIOED BY PAID OF AIMS.						

	CLU	SIONS AND CONDITIONS OF SUCH PO							
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-
A	×	COMMERCIAL GENERAL LIABILITY	-			11/01/2021	11/01/2022	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
					MNSP000041			PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	'LAGGRE <u>GATE</u> LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						Liquor Liability	\$ 1,000,000
A	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	×	ANY AUTO			MNSA000041	11/01/2021	11/01/2022	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	×	AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								Uninsured motorist	\$ 1,000,000
Α	×	UMBRELLA LIAB CCCUR			MNSU000041	11/01/2021	11/01/2022	EACH OCCURRENCE	\$ 5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
		DED RETENTION \$ 10,000							\$
В	_	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EYECLITIVE		N/A	Δ	01-0000136382-00	11/01/2021	11/01/2022	E.L. EACH ACCIDENT	\$ 500,000
	(Man	datory in NH)	,		0.0000.00002.00	,,202.	,,	E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes DESC	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
Α	Pro	perty						Contents	\$1,110,896
		r~···y			MNSP00041	11/01/2021	11/01/2022	Deductible	\$5,000

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

RED SKELTON FESTIVAL Parade

June 11, 2022, 5:30 PM
The parade route begins at 1st and Hart St.

Vincennes, IN

CERTIFICATE HOLDER		CANCELLATION			
Red Skelton 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			
Vincennes	IN	Kathler a. Hoyen			