

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/26/2023

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).

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PRODUCER			CONTACT Kathy Hoyer				
McGowan Insurance Group			(A/C, NO, EXt): \	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	A Division of Shriners International		INSURER C:				
510 N. New Jers	ey		INSURER D:				
			INSURER E :				
Indianapolis	IN	46204	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	2022-23 Mast	er REVISION NUMBER:				
			ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD				
	, , , , , , , , , , , , , , , , , , , ,		CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EPOLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,				
	IS OF SUCH POLICIES. LIMITS SHOWN		·				
INSR TYPE OF INSURAN	ADDL SUBR NCE INSD WVD F	OLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS				

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<u> </u>						MED EXP (Any one person)	\$ 5,000
					MNSP000041	11/01/2022	11/01/2023	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:						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
A >	×	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY			MNSA000041	11/01/2022	11/01/2023	BODILY INJURY (Per accident)	\$
	×	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		1						Uninsured motorist	\$ 1,000,000
A	×	UMBRELLA LIAB X OCCUR			MNSU000041	11/01/2022	11/01/2023	EACH OCCURRENCE	\$ 5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	DED RETENTION \$ 10,000								\$
B A O	_	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			01-0000136382-00	11/01/2022	11/01/2023	➤ PER STATUTE OTH-ER	
	ANY							E.L. EACH ACCIDENT	\$ 500,000
	(Mar							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Dr	Property			MNSP00041	11/01/2022	11/01/2023	Contents	\$1,110,896
	- 10							Deductible	\$5,000

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

Re: Odon Old Settlers Parade

08-03-2023 5:00 PM Odon, IN

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		
Odon Old Settlers 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		
	Odon I	IN	Kathler a. Hoyen		