

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/29/2023

| 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). | | | | | | | | | | | |
| CONTACT Kathy Hover | | | | | | | | | | | |
| McGowan Insurance Group | | | | | | | | | | | |
| | 355 Indiana Avenue | | | | | | E-MAIL ADDRESS: kathyhoyer@mcgowaninc.com | | | | |
| Sui | Suite 200 | | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | |
| Indi | Indianapolis IN 46204 | | | | | INSURER A : Markel Insurance Company | | | | 38970 | |
| INSU | INSURED | | | | | | INSURER B: Eastern Alliance Insurance Group | | | | |
| 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: 2023-24 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, | | | | | | | | | | | |
| E INSR | | JSIONS AND CONDITIONS OF SUCH PO | | S. LIM | ITS SHOWN MAY HAVE BEEN | REDUC | ED BY PAID CI | AIMS. Policy exp | | | |
| LTR | | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | 000.000 | |
| | \times | | | | | | | | DAMAGE TO RENTED | ,000,000 00,000 | |
| | | CLAIMS-MADE CLAIMS-MADE | | | | | | | PREIMISES (Ea occurrence) | ,000 | |
| A | | | | | MNSP000041 | | 11/01/2023 | 11/01/2024 | | ,000,000 | |
| | 05 | | | | | | 11/01/2020 | | | ,000,000 | |
| | X | | | | | | | | GENERALAGGREGATE 3 | ,000,000 | |
| | | | | | | | | | FRODUCTS - COMF/OF AGG 3 | ,000,000 | |
| | AUT | | | | | | | | | ,000,000 | |
| | × | | | | | | | | BODILY INJURY (Per person) \$ | | |
| A | | DWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY | | | MNSA000041 | | 11/01/2023 | 11/01/2024 | BODILY INJURY (Per accident) \$ | | |
| | × | | | | | | | | PROPERTY DAMAGE (Per accident) | | |
| | | | | | | | | | | ,000,000 | |
| | X | UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURRENCE \$ 5 | ,000,000 | |
| Α | | EXCESS LIAB CLAIMS-MADE | | | MNSU000041 | | 11/01/2023 | 11/01/2024 | AGGREGATE \$ 5 | ,000,000 | |
| | | DED RETENTION \$ 10,000 | | | | | | | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | | | X PER OTH- STATUTE ER | | |
| в | OFF | ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | | | 01-0000136382-00 | | 11/01/2023 | 11/01/2024 | | 00,000 | |
| | (Mar | | | | | | | | | 00,000 | |
| | DES | CRIPTION OF OPERATIONS below | | | | | | | | 00,000 | |
| A | Pro | operty | | | MNSP00041 | | 11/01/2023 | 11/01/2024 | | 1,110,896 | |
| | | | | | MINSF00041 | | 11/01/2023 | 11/01/2024 | | 5,000 | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | | |
| Re: Shelbyville Christmas Parade | | | | | | | | | | | |
| 12-01-2023 | | | | | | | | | | | |
| Shelbyville, 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 | | | | | | | | | | | |
| Shelbyville Christmas 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 | | | | | | | | | | | |
| Shelbyville IN | | | | | Kattelen a. Hoyen | | | | | | |

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