

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/05/2023

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)

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	•	olicy, certain policies may require an endorsement. A statement of the second of the statement of the second of t	on			
PRODUCER		CONTACT Kathy Hoyer				
McGowan Insurance Group		PHONE (A/C, No, Ext): (317) 464-5000 FAX (A/C, No): (317) 4	164-5001			
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 S	hriners International	INSURER C:				
510 N. New Jersey		INSURER D:				
		INSURER E :				
Indianapolis	IN 46204	INSURER F:				
COVERAGES CER	RTIFICATE NUMBER: 2022-23 Mast	ter REVISION NUMBER:				
		N 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 TYPE OF INSURANCE	ADDL SUBR	POLICY EFF POLICY EXP				

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	×	CLAIMS-MADE CCUR			MNSP000041	11/01/2022	11/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
									\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'LAGGREGATE 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
Α	AUT	OMOBILE LIABILITY			MNSA000041	11/01/2022	11/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	×	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								Uninsured motorist	\$ 1,000,000
Α	×	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							\$
В	_	RKERS COMPENSATION	N/A		01-0000136382-00	11/01/2022	11/01/2023	PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ 500,000
	(Mar	Mandatory in NH)		^	01 0000130302 00	11/01/2022	11/01/2020	E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
А	Pro	pperty						Contents	\$1,110,896
	' '	porty			MNSP00041	11/01/2022	11/01/2023	Deductible	\$5,000

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

Re: Indiana Spirit of '45 Independence Day Parade

07/04/2023

10:00 AM

Martinsville, 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			
Indiana Spirit of '45 Independence Day 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			
Martinsville	IN	Kathler a. Hoyen			

CANCELLATION

CERTIFICATE UOI DER