



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/05/2020

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 McGowan Insurance Group, Inc. 355 Indiana Avenue Suite 200 Indianapolis IN 46204	CONTACT NAME: Kathy Hoyer PHONE (A/C, No, Ext): (317) 464-5000 FAX (A/C, No): (317) 464-5001 E-MAIL ADDRESS: kathyhoyer@mcgowaninc.com <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center; border-bottom: 1px solid black;">NAIC #</th> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER A:</td> <td style="border-bottom: 1px solid black;">West American Ins Company</td> <td style="border-bottom: 1px solid black; text-align: center;">44393</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER B:</td> <td style="border-bottom: 1px solid black;">Ohio Securities</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER C:</td> <td style="border-bottom: 1px solid black;">Continental Casualty Company</td> <td style="border-bottom: 1px solid black; text-align: center;">20443</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER D:</td> <td style="border-bottom: 1px solid black;">Cincinnati Insurance Company</td> <td style="border-bottom: 1px solid black; text-align: center;">10677</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER E:</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER F:</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	West American Ins Company	44393	INSURER B:	Ohio Securities		INSURER C:	Continental Casualty Company	20443	INSURER D:	Cincinnati Insurance Company	10677	INSURER E:			INSURER F:		
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COVERAGES **CERTIFICATE NUMBER:** 2019-20 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																							
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKW58146338	11/01/2019	11/01/2020	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">EACH OCCURRENCE</td><td style="border-bottom: 1px solid black; text-align: right;">\$ 1,000,000</td></tr> <tr><td style="border-bottom: 1px solid black;">DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="border-bottom: 1px solid black; text-align: right;">\$ 1,000,000</td></tr> <tr><td style="border-bottom: 1px solid black;">MED EXP (Any one person)</td><td style="border-bottom: 1px solid black; text-align: right;">\$ 5,000</td></tr> <tr><td style="border-bottom: 1px solid black;">PERSONAL & ADV INJURY</td><td style="border-bottom: 1px solid black; text-align: right;">\$ 1,000,000</td></tr> <tr><td style="border-bottom: 1px solid black;">GENERAL AGGREGATE</td><td style="border-bottom: 1px solid black; text-align: right;">\$ 2,000,000</td></tr> <tr><td style="border-bottom: 1px solid black;">PRODUCTS - COMP/OP AGG</td><td style="border-bottom: 1px solid black; text-align: right;">\$ 2,000,000</td></tr> <tr><td style="border-bottom: 1px solid black;">Liquor Liability</td><td style="border-bottom: 1px solid black; text-align: right;">\$ 1,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	Liquor Liability	\$ 1,000,000									
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<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	XWS58146338	11/01/2019	11/01/2020	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td style="width: 15%;">PER STATUTE</td> <td style="width: 5%;"></td> <td style="width: 5%;">OTH-ER</td> <td style="width: 15%;"></td> <td style="width: 50%;"></td> </tr> <tr><td style="border-bottom: 1px solid black;">E.L. EACH ACCIDENT</td><td colspan="4"></td><td style="border-bottom: 1px solid black; text-align: right;">\$ 500,000</td></tr> <tr><td style="border-bottom: 1px solid black;">E.L. DISEASE - EA EMPLOYEE</td><td colspan="4"></td><td style="border-bottom: 1px solid black; text-align: right;">\$ 500,000</td></tr> <tr><td style="border-bottom: 1px solid black;">E.L. DISEASE - POLICY LIMIT</td><td colspan="4"></td><td style="border-bottom: 1px solid black; text-align: right;">\$ 500,000</td></tr> </table>	<input checked="" type="checkbox"/>	PER STATUTE		OTH-ER			E.L. EACH ACCIDENT					\$ 500,000	E.L. DISEASE - EA EMPLOYEE					\$ 500,000	E.L. DISEASE - POLICY LIMIT					\$ 500,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

4th of July Parades

CERTIFICATE HOLDER Milan, IN	CANCELLATION 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
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