Client#: 11384

## ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/25/2019

**DANISFES** 

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 be endorsed. If SUBROGATION IS WAIVED, subject to

VEN	DUCER			CONTACT NAME:				
	IDORS PRODUCERS NAME/ADD	PHONE						
				(A/C, No, Ext): E-MAIL		(A/C, No):		-
				ADDRESS:				
						FORDING COVERAGE		NAIC#
INSURED VENDORS NAME/ADDRESS				INSURER A: VENDORS INSURANCE CARRIER				-
				INSURER B:				
				INSURER C:				
				INSURER D:				
				INSURER E :				
				INSURER F:				
		TIFICATE NU		REVISION NUMBER:				
INI CE EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RECRIFICATE MAY BE ISSUED OR MAY FOLIUSIONS AND CONDITIONS OF SUCH	QUIREMENT, T PERTAIN, THE POLICIES. LI	ERM OR CONDITION ( INSURANCE AFFORDS	OF ANY CONTRACT ( ED BY THE POLICIE: AVE BEEN REDUCED	OR OTHER DO S DESCRIBED BY PAID CLA	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A IMS.	TO WHICH T	THIS
ISR TR		ADDL SUBR INSR WVD	POLICY NUMBER	(MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
4	GENERAL LIABILITY	X				EACH OCCURRENCE	\$1,000,00	0
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000	
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$1,000,00	0
						GENERAL AGGREGATE	\$5,000,00	0
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$5,000,00	0
	POLICY PRO- JECT LOC					2212152 2112	\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	
1	ALL OWNED SCHEDULED AUTOS					, ,	\$	
ĺ	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION\$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
				1	1			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (Attach ACC	RD 101, Additional Remark	s Schedule, if more space	e is required)			
DESC	cription of operations / Locations / Vehic lish Festival, Inc. is listed as an a					ured.		
DESC						ured.		
DESC						ured.		
DESC						ured.		
DESC						ured.		
DESC						ured.		
)an	ish Festival, Inc. is listed as an a			t to negligence o	f named insi	ured.		
Dar					f named insi	ured.		
Dar	PO Box 211	dditional in		CANCELLATION SHOULD ANY OF THE EXPIRATION	f named insi	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B LICY PROVISIONS.		
Desco	ish Festival, Inc. is listed as an a	dditional in	sured with respec	CANCELLATION SHOULD ANY OF THE EXPIRATION	THE ABOVE DON DATE THE	ESCRIBED POLICIES BE CA		

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