



CERTIFICATE OF LIABILITY INSURANCE

DATE
(MM/DD/YYYY)
07/30/2024

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 Specialty Insurance Agency Performers of the U.S. 3432 Denmark Ave #231 Eagan, MN 55123 | Contact Name: Heather Weiss Zenzen Phone: 715-246-8908 FAX: 715-246-8908 Email: info@specialtyinsuranceagency.com | |
| INSURED PERFORMERS OF THE U.S. AND ITS PARTICIPATING MEMBERS: Terry Conci dba Franklin Haynes Marionettes 1234 Muirfield Road Riverside, CA 92506 | INSURERS AFFORDING COVERAGE | NAIC # |
| | INSURER A: Evanston Insurance Company | 35378 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| | | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|--|---|--------------|--------------|---------------|-------------------------------------|--|--------------|----|
| A | <div><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"/> PROJECT <input type="checkbox"/> LOC</div> | X | X | 2CN0180-7334 | 09/08/2024 | 09/08/2025 12:01am | EACH OCCURRENCE | \$ 1,000,000 | |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 | |
| | | | | | | | 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 | |
| A | | PERFORMER ASSISTANT(S) | | | | | EACH OCCURRENCE | \$ | |
| | | | | | | | AGGREGATE | \$ | |
| A | | BUSINESS PERSONAL PROPERTY - INLAND MARINE | | | | | | AGGREGATE | \$ |
| A | <div><div>SEXUAL ABUSE AND MOLESTATION</div><div><input checked="" type="checkbox"/> OCCUR</div></div> | | | 2CN0180-7334 | 09/08/2024 | 09/08/2025 12:01am | EACH OCCURRENCE | \$ 1,000,000 | |
| | | | | | | | AGGREGATE | \$ 2,000,000 | |
| A | | DATA BREACH AND CYBER LIABILITY COVERAGE | | | | | | AGGREGATE | \$ |
| A | | EQUIPMENT LEASED OR RENTED | | | | | | AGGREGATE | \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

PERFORMER IS A NAMED INSURED AS A MEMBER OF PERFORMERS OF THE U.S.:

Terry Conci dba Franklin Haynes Marionettes

Sexual abuse or molestation coverage is not excluded by endorsement. \$1,000,000/\$2,000,000 coverage limits apply to educational institutions only; otherwise \$100,000 each occurrence/\$300,000 aggregate limits apply to sexual abuse or molestation coverage.

Insured for: Puppeteer

CERTIFICATE HOLDER

Terry Conci
dba Franklin Haynes Marionettes
1234 Muirfield Road
Riverside, CA 92506

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE