**CERTIFICATE NO.:** **-**

**CERTIFICATE OF INSURANCE**

**SPECIAL EVENT LIABILITY PROGRAM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PRODUCER | | | PUBLIC ENTITY (ADDITIONAL INSURED) | |
| Alliant Insurance Services, Inc. in conjunction with  Apex Insurance Services  P. O. Box 6450  Newport Beach, CA 92658  License No: OC 36861 | | |  | |
| NAMED INSURED (EVENT HOLDER): | | | EVENT INFORMATION:  TYPE:  DATE(S):  LOCATION:  \*Liquor Liability Yes  No  \*\*Liquor Liability after 12 am ends before 2 am | |
| This is to certify that the insurance policy listed below has been issued to the above insured named (event holder) for the policy period indicated.  The insurance  described herein is subject to all the terms, exclusions and conditions of such policy(ies) unless amended as described in Special Conditions.  **INSURANCE CARRIER**: Evanston Insurance Company  **MASTER POLICY NUMBER** MKLV7PBC000935  **MASTER POLICY DATES**: **EFFECTIVE**: JANUARY 1, 2022 **EXPIRATION**: JANUARY 1, 2023 | | | | |
| COMMERCIAL GENERAL LIABILITY  General Aggregate Limit  Products & Completed Operations  Personal & Advertising Injury  Each Occurrence Limit  Damage To Premises Rented To You (Any One Premises)  Medical Payments (Any One Person)  Liquor Liability **(If purchased)**  **Optional Limits Purchased**  **$1,000,000/$3,000,000**  **$2,000,000/$2,000,000**  **Damage To Property (If purchased)** | $ 2,000,000  1,000,000  1,000,000  1,000,000  100,000  5,000  1,000,000 | | OCCURRENCE FORM | DEDUCTIBLE: NONE  SPECIAL CONDITIONS:  The following endorsements attached to the Master Policy do not apply to this Certificate Of Insurance:  MEGL643 |
| The limits of insurance apply separately to each event insured by this policy as if a separate policy of insurance has been issued for that event. | | | | |
| **OTHER ADDITIONAL INSUREDS** | | | | |
|  | |  | | |
| CANCELLATION:  Should the above described policy be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. | | | | |



AUTHORIZED REPRESENTATIVE:

DATE ISSUED: