

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/05/2024

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 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). CONTACT Insurance Canopy Program Support

Insurance Canopy					(A/C, No,	Ext): 844-52	0-6993	(A/C, No):	801-763-1374	
PO Box 34833					[AiC, No, Ext): 844-520-6993 [AiC, No): 801-/63-13/4 E-MAIL E-MAIL anno info@insurancecanopy.com					
North Chesterfield			VA 23234			INSURER(S) AFFORDING COVERAGE NAIC #				
					INSURER	Croot A		S Insurance Company	26832	
INSURED						A:		,		
						В:				
Get Some Productions, DBA Get Some Productions						INSURER C:				
601 South Geneva Street				INSURER	D :					
Pomeroy			IA 50575		INSURER E:					
					INSURER	F:				
CO	VERAGES CER	TIFI	CATE	NUMBER:				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.										
			SUBR							
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(1	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
	GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000	
	X COMMERCIAL GENERAL LIABILITY	х						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
Α	CLAIMS-MADE X OCCUR			PLF135685-CDJA17570	701 10	10/26/2024	10/26/2025	MED EXP (Any one person)	\$ 5,000	
								PERSONAL & ADV INJURY	\$ 1,000,000	
								GENERAL AGGREGATE		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	POLICY PRO- JECT LOC							ANIMAL BAILEE	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO	-	_					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	NON-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS						-	(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION							WC STATU- TORY LIMITS OTH- ER	ų.	
	AND EMPLOYERS' LIABILITY		_				-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?	N/A					_	E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101. Additional Remarks S	chedule i	f more space is	required)			
	tificate holder had been added as addit									
	litional Insured - Designated Person or									
	-			, and the second						
CEI	RTIFICATE HOLDER			CANCE	CANCELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				
Ernie's Establishment Bar & Grill					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	112 North 5th Street					KDANCE WI	IN INE POLIC	T PROVISIONS.		
Sac City, IA 50583										
					AUTHORIZED REPRESENTATIVE					
						SIL				
								1, -		
	1					0.40	20 2044 ACC	DDD CODDODATION		

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01) INS025 (201401)

The ACORD name and logo are registered marks of ACORD