

DCARL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/17/2022

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.

lt th	f SUBROGATION IS WAIVED, subjec his certificate does not confer rights to	t to the	the certi	terms and conditions of ificate holder in lieu of su	the pol Ich end	licy, certain p lorsement(s)	oolicies may	require an endorsemen	t. As	tatement on	
PRO	DDUCER				CONTAC NAME:	CT lan Foste	er				
Mourer Foster, Inc 615 N. Capitol Ave. Lansing, MI 48933						PHONE FAX (A/C, No, Ext): (A/C, No):					
						E-MAIL ADDRESS: ifoster@mourerfoster.com					
						INSURER(S) AFFORDING COVERAGE					
					INSURE	R A : Talism a	n Casualty	Insurance Co		15446	
INSURED						INSURER B:					
	Show Productions, LLC				INSURER C:						
5519 W US Hwy 34						RD:					
	Loveland, CO 80537				INSURER E:						
					INSURER F:						
СО	OVERAGES CERT	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A DED BY	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TC	WHICH THIS	
INSR LTR			SUBR WVD	BR		POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS			
Α		IIIOD	****			(IVIIVI/DD/1111)	(MINI/DD/1111)	EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR	Χ		KP106681		12/1/2022	12/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
		•						MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000	
	OTHER:							ANIMAL BAILEE	\$	25,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			KP106681		12/1/2022	12/1/2023	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE			
Δ	Equipment Floater	Х		KP106681		12/1/2022	12/1/2023	E.L. DISEASE - POLICY LIMIT Equipment	\$	30,000	
^	_quipmont route.	^				12/1/2022	12,1,2020	_qa.po		33,333	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)			
CF	RTIFICATE HOLDER			CANCELLATION							
						V. 113 (110)1					
FOR YOUIR INFORMATION						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					