CERTIFICATE OF LIABILITY INSURANCE

DATE 03/22/2016

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).

PRODUCER				
Cossio Insurance Agency PO Box 188 Simpsonville, SC 29681 (864) 688-0121	Contact Name:	Larry Cossio		
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	E-Mail:	sonia@cossioinsurance.com		

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Amerevent Group 535 C Street, Bldg 221 Granite City, IL 62040	INSURER A: Burlington Insurance CO (THE) (BURLINGTON, NC)	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE 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.

INSR LTR	TYPE OF POLICY	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
A	X **COMMERCIAL GENERAL LIABILITY** ☐ CLAIMS MADE ☒ OCCUR ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER X POLICY ☐ PROJECT ☐ LOC ☐ OTHER:	X		HGL0041586	6/9/2015	6/9/2016	Each Occurrence $1,000,000 General Aggregate $2,000,000 Products and Completed Operations $2,000,000 Personal & Advertising Injury $1,000,000 Damage to Rented Premises $50,000 Medical Expenses $5,000 Deductible $2,500
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ ☐						COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per Person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE ☐ OTH-ER

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Party Equipment Rentals Operations

CERTIFICATE HOLDER:

USER: (NAME), (ADDRESS) | CONTRACT ID#: (ID#)
EVENT LOCATION: (ADDRESS) | EVENT DATE(S): (DATES) | INITIAL CLAIM OR DEDUCTIBLE: ($2,500/$500)

THIS CERTIFIES THAT, AS NAMED IMMEDIATELY ABOVE, USER IS A PARTY TO CONTRACT INDICATED FOR AN EVENT TO BE HELD AT LOCATION AND TIME GIVEN. USER SHALL BE SECONDARY IN AND AMEREVENT GROUP SHALL BE PRIMARY IN RESPONSIBILITY FOR ANY LIABILITY DETERMINED APPLICABLE IN ACCORDANCE WITH THE CONTRACT AND POLICY HGL0041586. USER SHALL BE RESPONSIBLE FOR PAYING THE INTIAL CLAIM OR DEDUTIBLE AMOUNT AS GIVEN ABOVE. IT IS UNDERSTOOD THIS IS A OF WAVIER PRIMARY RESPONSIBILITY IN LEIU OF ADDITIONAL INSURED STATUS AS INDIVIDUALS ARE NOT AFFORDED SUCH UNDER THIS POLICY. INDIVIUALS SHALL MAINTAIN HOMEOWNERS OR RENTERS LIABILITY INSURANCE SUFFIENT TO COVER ANY POTENTIAL PERSONAL LIABILITIES.

CANCELLATION

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

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