

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/12/2023

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.

| 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 | | | | | | | CONTACT NAME: Patti Rangel | | | | | |
| AssuredPartners Great Plains, LLC | | | | | | | NAME: 1 dat rearger PHONE (A/C, No.) Ext): 563-556-0272 (A/C, No.): 563-556-4425 | | | | | |
| 501 Bell St | | | | | | | F MAII | | | | | |
| Dubuque IA 52001 | | | | | | | E-MAIL ADDRESS: patti.rangel@assuredpartners.com INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| | | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | |
| INSURED JFJENTE-01 | | | | | | | INSURER A: Cincinnati Specialty Underwriters Insurance Compan | | | | | |
| INSURED JFJENTE-01 JFJ Entertainment LLC | | | | | | INSURER B: | | | | | | |
| 113 S Perry St #7425 Ste 206 | | | | | | INSURER C: | | | | | | |
| Lawrenceville GA 30046-4811 | | | | | | INSURER D: | | | | | | |
| | | | | | | | INSURER E: | | | | | |
| | | | | | | | INSURER F: | | | | | |
| CO | VER | AGES CER | TIFIC | CATE | NUMBER: 1509073667 | | | | 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, | | | | | | | | | | | | |
| | | JSIONS AND CONDITIONS OF SUCH | | | | | | | | | | |
| INSR LTR | | | | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | 3 | | |
| A | | | | | CSU 0211382 | | 6/9/2023 | 6/9/2024 | EACH OCCURRENCE | \$1,000 | ,000 | |
| | | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,0 | , | |
| | | | | | | | | | MED EXP (Any one person) | \$ Exclu | | |
| | | | | | | | | | PERSONAL & ADV INJURY | \$ 1,000 | | |
| | CEN | | | | | | | GENERAL AGGREGATE | \$ 2,000 | | | |
| | X | PRO- | | | | | | | PRODUCTS - COMP/OP AGG | | | |
| | | | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000 | ,000 | |
| | ΔΙΙΤ | OTHER: FOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT | \$ | | |
| | Α01 | ANY AUTO | | | | | | | (Ea accident) BODILY INJURY (Per person) | \$ | | |
| | | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE | \$ | | |
| | | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | | |
| | | | | | | | | | | \$ | | |
| | | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | WOF | DED RETENTION\$ | | | | | | | DED OTH | \$ | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | | | PER OTH- STATUTE ER | | | | |
| ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/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 | \$ | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Proof of Insurance | | | | | | | | | | | | |
| ' ' | 01 01 | insurance | | | | | | | | | | |
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| CE | RTIF | FICATE HOLDER | | | CELLATION | | | | | | | |
| For Informational Purposes Only | | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| For informational Furposes Offig | | | | | | AUTHORIZED REPRESENTATIVE | | | | | | |
| | | | | | | Sands Saig | | | | | | |