

SPECIALTY CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/10/2024

INSURANCE AGENCY 09/10/2024									
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:								eather Weiss Zenzen	
Specialty Insurance Agency Performers of the U.S.							Phone: 715-246-8908 FAX: 715-246-8908		
3432 Denmark Ave #231						Email: info@specialtyinsuranceagency.com			
Eagan, MN 55123							INSURERS AFFORDING COVERAGE		NAIC #
INSURED PERFORMERS OF THE U.S. AND ITS PARTICIPATING MEMBERS:							INSURER A: Evanston Insurance Company		35378
		Matthew Vizio					INSURER 8:		
dba Honest Deception						INSURER C:			
						INSURER D:			
							INCOMENT D.		1
COVERAGES THE POLICIES OF INCHERANCE LIGHTED BELOW HAVE BEEN ISSUED TO THE INCHEED NAMED ABOVE FOR THE POLICY BERIOD INDICATED, NOTWITHSTANDING ANY									
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
	L	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	C
		X COMMERCIAL GENERAL						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
	l	CLAIMS MADE X OCCUR	1					PREMISES (Ea occurrence)	\$ 300,000
		GEN'L AGGREGATE LIMIT				40/04/0004	10/04/0005 10:04	MED EXP (Any one person)	\$ 5,000
Α		APPLIES PER:	X	X	2CN0180-17304	10/01/2024	10/01/2025 12:01am	PERSONAL & ADV INJURY	\$ 1,000,000
		X POLICY PROJECT						GENERAL AGGREGATE	\$ 2,000,000
		roc						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		PERFORMER ASSISTANT(S)						EACH OCCURRENCE	\$
Α		TEM STUMENTAGE TARTERS			!			AGGREGATE	\$
Α		BUSINESS PERSONAL PROPERTY - INLAND MARINE						AGGREGATE	\$
		SEXUAL ABUSE AND						EACH OCCURRENCE	\$
Α		MOLESTATION OCCUR						AGGREGATE	\$
A		DATA BREACH AND CYBER LIABILITY COVERAGE						AGGREGATE	\$
Α		EQUIPMENT LEASED OR RENTED						AGGREGATE	\$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS PERFORMER IS A NAMED INSURED AS A MEMBER OF PERFORMERS OF THE U.S.: Matthew Vizio dba Honest Deception Insured for: Comedian, Magician									
C	ERT	IFICATE HOLDER					CANCELLATION		
							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.		
							AUTHORIZED REPRESENTATIVE		