

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/09/2024

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

				s of the policy			olicies may require an er	ndorse	ment. A stat	ement on th	is certificate does not c	onfer	rights to the	
	DUCE	:R				(-)		CONTACT Sheri DiGirolamo						
Specialty Insurance Agency, Inc.								PHONE (A/C, No, Ext): (630) 242-3176 (A/C, No):						
3432 Denmark Avenue #231									E-MAIL sheri@specialtyinsuranceagency.com					
Eagan, MN 55123									INSURER(S) AFFORDING COVERAGE NAIC #					
								INSURER A : Penn-America Insurance Co					10673	
INSURED								INSURER B:					10070	
Robert Marsdale														
dba: Marsdale Productions								INSURER C:						
9 PRESTON LN DELANCO, NJ 08075								INSURER D:						
								INSURER E :						
COVERAGES CERTIFICATE NUMBER:									INSURER F:					
			ТЦΛ		TIFICATE NUMBER:			REVISION NUMBER: VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE  VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE  VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE  VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE  VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE  VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE  VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE  VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE  VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE  VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE  VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE  VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE  VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE  VE BEEN ISSUED TO THE POLICE  VE BEEN ISSUED					LICY DEDIOD	
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EXCLUSIONS AND CONDITIONS OF SUCH						CIES. SUBR		BEEN F						
LTR		TYPE OF I			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	X	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR									EACH OCCURRENCE DAMAGE TO RENTED	\$	\$1,000,000	
									10/09/2024	PREMISES (Ea occurrence)	\$	100,000		
Α					Х	PAC7246397		10/09/2023		MED EXP (Any one person)	\$	5,000		
										PERSONAL & ADV INJURY	\$	\$1,000,000		
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$	\$2,000,000	
	X	POLICY PR	RO- CT	LOC							PRODUCTS - COMP/OP AGG	\$	\$1,000,000	
		OTHER:										\$		
	AUT	OMOBILE LIABILIT	ſΥ								COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO		1							BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
												\$		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$										\$			
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. EACH ACCIDENT	\$			
				N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$			
											INLAND MARINE COVERAGE	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														
CERTIFICATE HOLDER									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.						
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		Marsdale Pro RESTON LN	ouuc	เเบาร										
		ANCO, NJ 08	075											
,								AUTHORIZED REPRESENTATIVE						
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