EVANSTON INSURANCE COMPANY
CERTIFICATE NO.: -

CERTIFICATE OF INSURANCE
SPECIAL EVENT LIABILITY PROGRAM

PRODUCER	PUBLIC ENTITY (ADDITIONAL INSURED)
Alliant Insurance Services, Inc. in conjunction with Apex Insurance Services P O Box 8473 Pasadena, CA 91109 License No: OC 36861	**City of Huntington Beach, Its officers, elected or appointed Officials, employees, agents and volunteers.** **2000 Main Street** **Huntington Beach, CA 92648-2702**
NAMED INSURED (EVENT HOLDER):	EVENT INFORMATION: TYPE: _____ DATE(S): _____ LOCATION: _____ *Liquor Liability　　Yes ☐　　No ☐ **Liquor Liability after 12 am ends before 2 am ☐

This is to certify that the insurance policy listed below has been issued to the above insured named (event holder) for the policy period indicated. The insurance described herein is subject to all the terms, exclusions and conditions of such policy(ies) unless amended as described in Special Conditions.

INSURANCE CARRIER: Evanston Insurance Company

MASTER POLICY NUMBER MKLV7PBC001381

MASTER POLICY DATES: **EFFECTIVE**: JANUARY 1, 2023 **EXPIRATION**: JANUARY 1, 2024

COMMERCIAL GENERAL LIABILITY		OCCURRENCE FORM	DEDUCTIBLE: NONE
General Aggregate Limit	$ 2,000,000		
Products & Completed Operations	1,000,000		SPECIAL CONDITIONS:
Personal & Advertising Injury	1,000,000		The following endorsements attached to
Each Occurrence Limit	1,000,000		the Master Policy do not apply to this
Damage To Premises Rented To You (Any One Premises)	100,000		Certificate Of Insurance:
Medical Payments (Any One Person)	5,000		MEGL643
Liquor Liability **(If purchased)**	1,000,000		

Optional Limits Purchased
　☐ **$1,000,000/$3,000,000**
　☐ **$2,000,000/$2,000,000**
Damage To Property (If purchased)

The limits of insurance apply separately to each event insured by this policy as if a separate policy of insurance has been issued for that event.

OTHER ADDITIONAL INSUREDS

<u>CANCELLATION:</u> Should the above described policy be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

AUTHORIZED REPRESENTATIVE: _____

DATE ISSUED: _____