

CERTIFICATE OF LIABILITY INSURANCE #35036

DATE (MM/DD/YYYY) 5/4/2018

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 | | CONTACT NAME: | | | | |
|---|---|--------------------------|-------------------------------|-------------------|-------|--|
| insurevents.com | | PHONE (A/C, No, Ext): | | FAX (A/C, No): | | |
| | | E-MAIL ADDRESS: | | | _ | |
| 10736 Jefferson Boulevard, Suite 1042 | | | INSURER(S) AFFORDING COVERAGE | | NAIC# | |
| Culver City, California 90045 | | INSURER A: | New Hampshire Insurance Co. | | 23841 | |
| INSURED 414434 | Tel: (434) 793-8322 Fax: (434) 797-2253 | INSURER B: | · | | | |
| Bob Willeford 515 Memorial Dr. Danville, VA 24541 | | INSURER C: | | | | |
| | | INSURER D : | | | | |
| | | INSURER E : | | | | |
| | | INSURER F: | | | | |
| | | | | | | |

CERTIFICATE NUMBER: 35036 **COVERAGES** 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. ADDL SUBR POLICY EFF MM/DD/YYYY) POLICY EXP TYPE OF INSURANCE POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE X \$ 1,000,000 SEL016949448 05/18/18 05/23/18 DAMAGE TO RENTED
PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) S ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE HIRED AUTOS AUTOS (Per accident) \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR \$ **EXCESS LIAB** AGGREGATE CLAIMS-MADE \$ DED RETENTION \$ \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT NIA (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ ACCIDENT MEDICAL **ACCIDENT MEDICAL** ACC. DEATH / DISMEM. DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **EVENT DATE(S):** 05/18/18 - 05/21/18 **EVENT:** Festival In The Park 2018 ADDITIONAL INSUREDS: City Of Danville, V A **427 Patton Street** Danville VA 24541

| CERTIFICATE HOLDER | CANCELLATION | | |
|---|---|--|--|
| Tel: (434) 799-5200 Fax: (434) 799-6562 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | |
| City Of Danville. V A | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | |
| 427 Patton Street Danville VA 24541 | AUTHORIZED REPRESENTATIVE | | |

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED- DESIGNATED PERSON OR ORGANIZATION

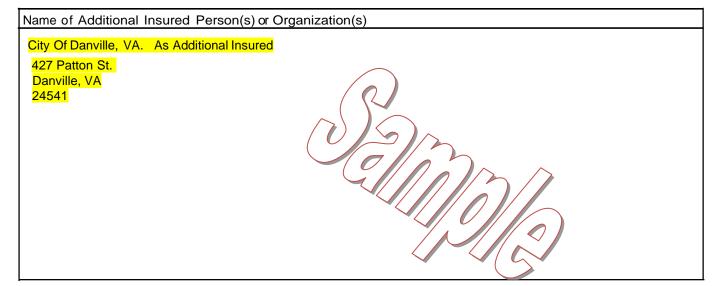
Policy Number: SEL016949448

Insured: Bank Services Insurance, Inc.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE



Section II -Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations;
- B. In connection with your premises owned by or rented to you.