

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/04/2025

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).

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PRODUCER Francis L. D 12800 Unive		CONTACT NAME: PHONE (A/C, No, Ext):	(800) 745-2409	FAX (A/C, No):	
Suite 125 Fort Myers,	EL 22007	E-MAIL ADDRESS:	info@fdean.com		
	RedirectlL.htm		INSURER(S) AFFORDING CO	NAIC#	
		INSURER A:	Great American Insura	16691	
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B:			
Ft. Colour	ITS PARTICIPATING MEMBERS:	INSURER C:			
8352 nw 43r	d st	INSURER D:			
109 Doral, FL 33166		INSURER E:			
Dorai, FL 33	100	INSURER F:			
COVERACE	CERTIFICATE NUMBER: CASAGEOGO		DEVICION	NUMBED.	

COVERAGES CERTIFICATE NUMBER: GAS165233 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.

INSF LTR	ISR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$1,000,000	
							DAMAGE TO RENTED \$300,000 PREMISES (Ea occurrence)	
	CLAIMS-MADE X OCCUR				00/00/0005	00/00/0000	MED EXP (Any one person) \$0	
Α	X HOST LIQUOR LIABILITY INCLUDED			PAC 4725038	06/22/2025 12:00 AM	06/22/2026 12:01 AM	PERSONAL & ADV INJURY \$1,000,000	
					12.007.11	12.01744	GENERAL AGGREGATE \$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$1,000,000		
	X POLICY PRO- JECT LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTO NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION \$							
_	A Professional Liability		DAC 4725020	06/22/2025	06/22/2026	EACH OCCURRENCE \$1,000,000		
Ľ	A Floressional Liability			PAC 4725038	12:00 AM	12:01 AM	AGGREGATE LIMIT \$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Covered Performer Type: Face Painter. Proof of Insurance.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER	CANCELLATION		
Proof of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
	AUTHORIZED REPRESENTATIVE Francis L. Dean		