

EVANSTON INSURANCE COMPANY

CERTIFICATE NO.: -

**CERTIFICATE OF INSURANCE
SPECIAL EVENT LIABILITY PROGRAM**

PRODUCER Alliant Insurance Services, Inc. in conjunction with Apex Insurance Services P. O. Box 6450 Newport Beach, CA 92658 License No: OC 36861	PUBLIC ENTITY (ADDITIONAL INSURED) 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 <input type="checkbox"/> No <input type="checkbox"/> **Liquor Liability after 12 am ends before 2 am <input type="checkbox"/>	
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 MKLV7PBC000935 MASTER POLICY DATES: EFFECTIVE: JANUARY 1, 2022 EXPIRATION: JANUARY 1, 2023		
COMMERCIAL GENERAL LIABILITY General Aggregate Limit \$ 2,000,000 Products & Completed Operations 1,000,000 Personal & Advertising Injury 1,000,000 Each Occurrence Limit 1,000,000 Damage To Premises Rented To You (Any One Premises) 100,000 Medical Payments (Any One Person) 5,000 Liquor Liability (If purchased) 1,000,000 Optional Limits Purchased <input type="checkbox"/> \$1,000,000/\$3,000,000 <input type="checkbox"/> \$2,000,000/\$2,000,000 Damage To Property (If purchased)	OCCURRENCE FORM	DEDUCTIBLE: NONE SPECIAL CONDITIONS: The following endorsements attached to the Master Policy do not apply to this Certificate Of Insurance: MEGL643
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		
_____ _____		
CANCELLATION: Should the above described policy be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.		

[Handwritten Signature]

AUTHORIZED REPRESENTATIVE: _____

DATE ISSUED: _____