

ANELSON

CERTIFICATE OF LIABILITY INSURANCE

ACORD®

DATE (MM/DD/YYYY) 8/1/2025

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 have ADDITIONAL INSURED provisions or 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).

tł	nis certificate does not confer rights to							require an end	ioi scilicii	t. A 3	tatement on	
PRO	DUCER				CONTA NAME:	CT Andy Ne	Ison					
Paroubek Insurance Agency Inc. 400 Destiny Drive De Pere, WI 54115						PHONE (A/C, No, Ext): (920) 347-9333 FAX (A/C, No):						
						E-MAIL ADDRESS: anelson@paroubekinsurance.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A Secura Insurance Companies					22543	
INSURED						INSURER B:						
Fox Cities Marathon Inc						INSURER C:						
PO Box 1487 Appleton, WI 54912					INSURER D :							
					INSURER E :							
					INSURER F:							
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC 7 THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			CP3195781		2/1/2025	2/1/2026	EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occ	ED	\$	1,000,000 300,000	
								MED EXP (Any one person)		\$		
								PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$	2,000,000	
	Y POLICY PRO- LOC OTHER:							PRODUCTS - COM	P/OP AGG	\$	2,000,000	
Α	AUTOMOBILE LIABILITY						2/1/2026	COMBINED SINGL (Ea accident)	E LIMIT	\$	1,000,000	
	ANY AUTO			A3195782		2/1/2025		BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (P					
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMA (Per accident)	GE	\$			
	76.20 0.12									\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURREN	CE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE		CU3218934		2/1/2025	2/1/2026			\$	1,000,000		
	DED X RETENTION\$ 0									\$		
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY							PER STATUTE	OTH- ER	<u> </u>		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
CE	RTIFICATE HOLDER	CANCELLATION										
Village of Harrison W5298 State Road 114 Menasha, WI 54952						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						