

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).											
PRODUCER					CONTACT						
Liberty Mutual Insurance					NAME: PHONE (A/C, No, Ext): 800-962-7132 FAX (A/C, No): 800-845-3666						
PO Box 188065				(A/C, No, Ext): 800-962-7132 (A/C, No): 800-845-3666 E-MAIL ADDRESS: BusinessService@LibertyMutual.com							
1 0 Box 100000											
Fairfield OH 45018					INSURER A: Ohio Security Insurance Company 24082						
INSURED					INSURER B:						
Elevate Events And Design Llc					INSURER C:						
7110 Danni Grace Cir					INSURER D :						
					INSURER E :						
Cheyenne WY 82009					INSURER F:						
COVERAGES CERTIFICATE NUMBER: 009786922				· · · · · · · · · · · · · · · · · · ·							
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.											
LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT			
X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN DAMAGE TO RENT			00,000.00	
A GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC		X E				01-20-2024	PREMISES (Ea occ	urrence)	•	0,000.00	
			BKS65765881		01 20 2022		MED EXP (Any one			00,000.00	
			B1(000700001		01 20 2020					00,000.00	
							PRODUCTS - COM			00,000.00	
OTHER:							FRODUCTS - COM	F/OF AGG	\$ 2,0		
AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$		
ANY AUTO						BODILY INJURY (P	er person)	\$			
OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) \$		\$		
							PROPERTY DAMAGE (Per accident)		\$		
ACTOC ONE!							(r or decident)		\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$				
DED RETENTION\$									\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. EACH ACCIDE	NT	\$		
							E.L. DISEASE - EA EMPLOYEE		\$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	COPD	101 Additional Pomarks Schodul	lo may b	a attached if more	enaco is roquiro) d)				
	.E3 (A	CORD	101, Additional Remarks Schedul	ie, iliay b	e attached il more	s space is require	au)				
Proof of Insurance											
CERTIFICATE HOLDER	CANCELLATION										
Elevate Events And Design Llc 7110 Danni Grace Cir					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
					ACCORDANCE WITH THE POLICY PROVISIONS.						
Cheyenne WY 82009					AUTHORIZED REPRESENTATIVE						

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