| CERTIFICATE OF LIABILITY INSURANCE  |  |         |        |   |  |  |  |  |  | MM/DD/YYYY)<br>5/2023                          |
|---|--|---------|--------|---|--|--|--|--|--|--|
| CE  | ERTIFICATE DOES NOT AFFIRMAT   | VELY    | OR     | NEGATIVELY AMEND,<br>DOES NOT CONSTITUT | Y AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>TE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED |  |  |  |  |  |
| th  |  | , certa | ain po | -                                       | e policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to<br>endorsement. A statement on this certificate does not confer rights to the                             |  |  |  |  |  |
| PROD  | DUCER  |         |        |   | CONTACT<br>NAME: John Adams  |  |  |  |  |  |
| D   | SP Insurance Services, Inc   |         |        |   | PHONE<br>(A/C, No, Ext): 1-800-316-6705 FAX<br>(A/C, No): 847-934-6186   |  |  |  |  |  |
|   | 900 E. Golf Road, Suite 65   |         |        |   | E-MAIL<br>ADDRESS: lionsclubs@dspins.com   |  |  |  |  |  |
|   | chaumburg, IL 60173  | •       |        |   | INSURER(S) AFFORDING COVERAGE  |  |  |  |  | NAIC #   |
| - 00  | chaumburg, it 00175  |         |        |   | INSURE   | RA: ACE An                               | nerican Insur                            | ance Company   |  | 22667  |
| INSU  | RED  |         |        |   | INSURE   | R B :                                    |  |  |  |  |
| 0   | versue liene Club / 004  |         |        |   | INSURER C :  |  |  |  |  |  |
| -   | veeny Lions Club / 2S4<br>veeny Texas  |         |        |   | INSURER D :  |  |  |  |  |  |
|   |  |         |        |   | INSURER E :  |  |  |  |  |  |
|   |  |         |        |   | INSURER F :  |  |  |  |  |  |
| CO/   | VERAGES CEF  | TIFIC   | ATE    | NUMBER:                                 | REVISION NUMBER:   |  |  |  |  |  |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |  |         |        |   |  |  |  |  | WHICH THIS   |  |
| INSR<br>LTR   | TYPE OF INSURANCE  | ADDL    | SUDD   |   |  |  |  |  |  | HE TERMS,                                      |
| A   |  | INSR    | WVD    | POLICY NUMBER                           |  | POLICY EFF<br>(MM/DD/YYYY)               | POLICY EXP<br>(MM/DD/YYYY)               | LIM  |  | THE TERMIS,                                    |
| X COMMERCIAL GENERAL LIABILITY  |  |         |        | POLICY NUMBER                           |  | POLICY EFF<br>(MM/DD/YYYY)               | POLICY EXP<br>(MM/DD/YYYY)               | LIM<br>EACH OCCURRENCE   | ITS  | 00,000   |
| l   | GENERAL LIABILITY  | INSR    | WVD    | POLICY NUMBER                           |  | POLICY EFF<br>(MM/DD/YYYY)               | POLICY EXP<br>(MM/DD/YYYY)               | LIM  | ITS<br>\$ 1,00   | -  |
|   |  | INSR    | WVD    |   |  | (MM/DD/YYYY)                             | (MM/DD/YYYY)                             | LIM<br>EACH OCCURRENCE<br>DAMAGE TO RENTED   | ITS<br>\$ 1,00   | 00,000   |
|   | X COMMERCIAL GENERAL LIABILITY   | INSR    | WVD    | POLICY NUMBER<br>HDO G47352241          |  | POLICY EFF<br>(MM/DD/YYYY)<br>09/01/2022 | POLICY EXP<br>(MM/DD/YYYY)<br>09/01/2023 | LIM<br>EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence)   | ITS<br><u>\$</u> 1,00<br><u>\$</u> 1,00<br><u>\$</u> 5,00  | 00,000   |
|   | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR  | INSR    | WVD    |   |  | (MM/DD/YYYY)                             | (MM/DD/YYYY)                             | LIM<br>EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence)<br>MED EXP (Any one person)   | ITS<br>\$ 1,00<br>\$ 1,00<br>\$ 5,00<br>\$ 1,00  | 00,000<br>00,000<br>00                         |
|   | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>X Agg. Per Named Insured<br>is \$2,000,000<br>GEN'L AGGREGATE LIMIT APPLIES PER:  | INSR    | WVD    |   |  | (MM/DD/YYYY)                             | (MM/DD/YYYY)                             | LIM<br>EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY  | ITS<br>\$ 1,00<br>\$ 1,00<br>\$ 5,00<br>\$ 1,00<br>\$ 1,00<br>\$ 10,0  | 00,000<br>00,000<br>00<br>00,000<br>000,000    |
|   | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>X Agg. Per Named Insured<br>is \$2,000,000  | INSR    | WVD    |   |  | (MM/DD/YYYY)                             | (MM/DD/YYYY)                             | LIM<br>EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG   | ITS<br>\$ 1,00<br>\$ 1,00<br>\$ 5,00<br>\$ 1,00<br>\$ 10,0   | 00,000<br>00,000<br>00<br>00,000<br>000,000    |
| A   | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>X Agg. Per Named Insured<br>is \$2,000,000<br>GEN'L AGGREGATE LIMIT APPLIES PER:  | INSR    | WVD    |   |  | (MM/DD/YYYY)                             | (MM/DD/YYYY)                             | LIM<br>EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE   | s 1,00<br>s 1,00<br>s 5,00<br>s 1,00<br>s 1,00<br>s 10,0<br>s 2,00<br>s  | 00,000<br>00,000<br>00<br>00,000<br>000,000    |
| A   | X COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE X   Agg. Per Named Insured   is \$2,000,000   GEN'L AGGREGATE LIMIT APPLIES PER:   X POLICY   PRO-<br>JECT LOC   AUTOMOBILE LIABILITY   | INSR    | WVD    |   |  | (MM/DD/YYYY)<br>09/01/2022               | (MM/DD/YYYY)<br>09/01/2023               | LIM<br>EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG   | s 1,00<br>s 1,00<br>s 5,00<br>s 1,00<br>s 1,00<br>s 2,00<br>s 1,00   | 00,000<br>00,000<br>00,000<br>00,000<br>00,000 |
| A   | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>X Agg. Per Named Insured<br>is \$2,000,000<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-<br>JECT LOC<br>AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED SCHEDULED<br>AUTOS | INSR    | WVD    |   |  | (MM/DD/YYYY)                             | (MM/DD/YYYY)                             | LIM<br>EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>COMBINED SINGLE LIMIT<br>(Ea accident)<br>BODILY INJURY (Per person)                                 | ITS<br>S 1,00<br>S 1,00<br>S 5,00<br>S 1,00<br>S 10,0<br>S 1,00<br>S | 00,000<br>00,000<br>00,000<br>00,000<br>00,000 |
| A   | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>X Agg. Per Named Insured<br>is \$2,000,000<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-<br>JECT LOC<br>AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED SCHEDULED          | INSR    | WVD    | HDO G47352241                           |  | (MM/DD/YYYY)<br>09/01/2022               | (MM/DD/YYYY)<br>09/01/2023               | LIM<br>EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>COMBINED SINGLE LIMIT<br>(Ea accident)<br>BODILY INJURY (Per person)                                 | ITS<br>S 1,00<br>S 1,00<br>S 5,00<br>S 1,00<br>S 10,0<br>S 1,00<br>S | 00,000<br>00,000<br>00,000<br>00,000<br>00,000 |
| A   | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>X Agg. Per Named Insured<br>is \$2,000,000<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-<br>JECT LOC<br>AUTOMOBILE LIABILITY<br>ANY AUTO<br>AUTOS SCHEDULED<br>AUTOS     | INSR    | WVD    | HDO G47352241                           |  | (MM/DD/YYYY)<br>09/01/2022               | (MM/DD/YYYY)<br>09/01/2023               | LIM<br>EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>COMBINED SINGLE LIMIT<br>(Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident) | ITS<br>S 1,00<br>S 1,00<br>S 5,00<br>S 1,00<br>S 1,00<br>S 2,00<br>S 1,00<br>S 5<br>S 1,00<br>S 5<br>S 1,00<br>S 5<br>S 5<br>S 5<br>S 5<br>S 5<br>S 5<br>S 5<br>S 5  | 00,000<br>00,000<br>00,000<br>00,000<br>00,000 |

| 1 |  | EACES               | 55 LIA | 40        | CLAIMS-MADE |  |                    |    |  | AGGREGATE                   | \$ |
|---|--|---------------------|--------|-----------|-------------|--|--------------------|----|--|-----------------------------|----|
|   |  | DED                 |        | RETENTIO  | ON \$       |  |                    |    |  |                             | \$ |
|   | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY Y / N |                     |        |           |             |  |                    |    |  | WC STATU-<br>TORY LIMITS ER |    |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE                       |                     |        | N/A       |             |  | E.L. EACH ACCIDENT | \$ |  |                             |    |
|   | (Ma  | ndatory             | in NH  | H)        |             |  |                    |    |  | E.L. DISEASE - EA EMPLOYEE  | \$ |
|   | DES  | s, descr<br>SCRIPTI | ON O   | F OPERATI | ONS below   |  |                    |    |  | E.L. DISEASE - POLICY LIMIT | \$ |
|   |  |                     |        |           |             |  |                    |    |  |                             |    |
|   |  |                     |        |           |             |  |                    |    |  |                             |    |
|   |  |                     |        |           |             |  |                    |    |  |                             |    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Provisions of the policy apply to the named insureds participation in the following activity during the policy period shown above: Sweeny Lions Club Back to School Event (July 17-July 25, 2023)

\*\*\* City of Sweeny: 102 W Ashley Wilson Rd, Sweeny Texas 77480, (usage of the Backyard Park, Gravel Pad, and Cook-Off area for Carnival and Circus (July 17- July 25, 2023). \*\*\*

is included as an Additional Insured(s), but only with respect to General Liability arising out of the issuance of permit(s) to the Insured shown above and not out of the sole negligence of said additional insured.

## CERCVISIONS OF THE ROLICY DO NOT APPLY TO THE SALE OR SERVING OF AN OF AN OF AN OF AN OF AN OF A SERVING OF A SERVING

| Sweeny Lions Club  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE |
|--------------------|--|
| Po Box 324         | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN       |
| Sweeny Texas 77480 | ACCORDANCE WITH THE POLICY PROVISIONS.                         |
|                    | AUTHORIZED REPRESENTATIVE                                      |

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