

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 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).

| dertificate ficial in fied of Such effects effectively. | | | | | | |
|---|--------------------------------------|-------------|--|--|--|--|
| PRODUCER Your Insurance | CONTACT NAME: | | | | | |
| | PHONE (A/C, No, Ext): FAX (A/C, No): | | | | | |
| Company Name and | E-MAIL | | | | | |
| address. | INSURER(S) AFFORDING COVERAGE | NAIC# | | | | |
| | INSURER A : | | | | | |
| INSURED | INSURER B: | | | | | |
| Your Name and address | INSURER C: | | | | | |
| | INSURER D: | | | | | |
| | INSURER E : | | | | | |
| | INSURER F: Must be a minimum of | \$1,000,000 | | | | |

COVERAGES CERTIFICATE NUMBER:CL1473113465

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.

| | EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. R POLICY EFF POLICY EXP | | | | | | | | | |
|-------------|---|------|----------|---------------|----------------------------|------------------------------|---|------------------------------------|--|--|
| INSR LTR | TYPE OF INSURANCE | INSR | WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| | GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY | X | | Mark X Here | | i | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 \$ min. of 300,000 | | |
| A | CLAIMS-MADE X OCCUR | | | MKP00525 | 09/6/24 | ⁸ 9/8/24 | MED EXP (Any one person) | s min. of 5,000 | | |
| | x | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | | |
| | | | | | | | GENERAL AGGREGATE | \$ 1,000,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 | | |
| | X POLICY PRO- JECT LOC | | | | | | Liquor Liability | \$ 1,000,000 | | |
| | AUTOMOBILE LIABILITY | | | | | 0/0/04 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | | |
| A | ANY AUTO | | | | 00/6/24 | | BODILY INJURY (Per person) | \$ | | |
| | ALL OWNED SCHEDULED AUTOS | | MKP00525 | 8 09/6/24 | £ 9/8/24 | BODILY INJURY (Per accident) | \$ | | | |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ | | |
| A | EXCESS LIAB CLAIMS-MADE | | | | 09/6/24 | 9/8/24 | AGGREGATE | \$ | | |
| | DED RETENTION \$ | | | MKP00525 | 09/0/24 | (3/0/24 | | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTHER/EXECUTIVE | | | | | | WC STATU- OTH- TORY LIMITS ER | | | |
| | | | | | | | E.L. EACH ACCIDENT | \$ | | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| DESC | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101 Additional Remarks Schedule if more space is required) | | | | | | | | | |

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

Saint Louis Art Fair: September 6-8, 2024.

Mus Fest

Must Spell out "Saint Louis Art Fair" and "Cultural Festivals"

Cultural Festivals, employees, directors, and subsidaries are names as an Additional Insured in accorance with the General Liability policy.

CERTIFICATE HOLDER

CANCELLATION

Cultural Festivals dba Saint Louis Art Fair 225 S. Meramec Ave., Suite 105 St. Louis, MO 63105

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

must have signature