

## 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).

				of such end					ay require an	endorse	illelli. A sta	tement on t	ils certificate does not o	JOIN	er rights to the	
PRODUCER										CONTA	CONTACT NAME:					
Your Insurance										PHONE 101010 TOTAL FAX						
Company Name and										(A/C, No. Ext): (A/C, No): E-MAIL ADDRESS:						
address.										AUUKE	INSURER(S) AFFORDING COVERAGE NAIC #					
addiood.										INSURER A .!					NAIC #	
INSURED										INSURER B :						
										INSURER C :						
Your Name and address										INSURER D:						
											INSURER E:  Must be a minimum of \$1,000,000					
	VED	RAGES			EDTII	100	\TE	NUMBE	R:CL147311	_	INSURER F.					
_			EV TH							REVISION NUMBER:  /E 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.														THE TERMS,		
INSR	NSR ADDLISUBR															
LTR	051			RANCE	INS	R W	VVD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	$\overline{}$	1 000 000	
A		GENERAL LIABILITY							Mark X Her	re	<sup>‡</sup> 09/05/25	09/07/25	DAMAGE TO RENTED	\$	1,000,000 nin. of 300,000	
	X	CLAIMS-MADE X OCCUR						MKP00525					PREMISES (Ea occurrence)		min. of 5,000	
	_												MED EXP (Any one person)	Ť		
	Х				-								PERSONAL & ADV INJURY	\$	1,000,000	
	L				-1								GENERAL AGGREGATE	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:												PRODUCTS - COMP/OP AGG	\$	1,000,000	
_	X	X POLICY PRO- JECT LOC			$\rightarrow$	+	_						Liquor Liability  COMBINED SINGLE LIMIT	\$	1,000,000	
A	AU	AUTOMOBILE LIABILITY											(Ea accident)	\$	1,000,000	
	╙	ANY AUTO ALL OWNED SCHEDULED									-00/05/05	00/07/05	BODILY INJURY (Per person)	\$		
	╙	AUTOS		AUTOS NON-OWNED				MKP00525			€09/05/25	09/07/25	BODILY INJURY (Per accident)	-		
	<u> </u>	HIRED AUTOS		AUTOS									PROPERTY DAMAGE (Per accident)	\$		
_	╙				$\rightarrow$	4	_							\$		
A		UMBRELLA LIAB OCCUR									09/05/25	00/07/25	EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE			ADE								AGGREGATE	\$		
_	DED RETENTION\$					4		MKP00525	5	03/03/2		09/07/23		\$		
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)											WC STATU- TORY LIMITS ER			
	ANY												E.L. EACH ACCIDENT	s		
	(Ma												E.L. DISEASE - EA EMPLOYEE	\$		
	DES	If yes, describe under DESCRIPTION OF OPERATIONS below				_							E.L. DISEASE - POLICY LIMIT	\$		
															1	
L																
-								ACORD 101	, Additional Rema							
Sa	aint	Louis Art	Fair S	September	5-7, 2	202	5	<b>—</b>			out "S	aint Loui	s Art Fair" and '	.Cu	itural	
										tivals"						
C	ult	ural Fes	tivals	s, employ	/ees	di	re	ctors, a	and subsi	diaries	s are nam	ned as Ad	ditional Insured	ın		
a	cco	rdance	with	the Gene	eral	_ial	bil	ity Pol	icy.							

## CERTIFICATE HOLDER

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

CANCELLATION

must have signature