



# CERTIFICATE OF LIABILITY INSURANCE

DATE  
(MM/DD/YYYY)  
04/07/2021

**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).**

<b>PRODUCER</b> Specialty Insurance Agency Performers of the U.S. P.O. Box 24 New Richmond, WI 54017	<b>Contact Name:</b> Stephanie Weiss <b>Phone:</b> 715-246-8908 <b>FAX:</b> 715-246-4257 <b>Email:</b> certs@specialtyinsuranceagency.com										
<b>INSURED</b> Michael Cook dba Jason Michael, Foam Fever 1617 Drakes Creek Road Hendersonville, TN 37075	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Evanston Insurance Company</td> <td>35378</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Evanston Insurance Company	35378	INSURER B:		INSURER C:		INSURER D:	
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INSURER A: Evanston Insurance Company	35378										
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INSURER C:											
INSURER D:											

**COVERAGES**  
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	2CN0171-30380	04/08/2021	04/07/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	PERFORMER ASSISTANT(S)						EACH OCCURRENCE	\$
							AGGREGATE	\$
A	BUSINESS PERSONAL PROPERTY - INLAND MARINE						AGGREGATE	\$
A	SEXUAL ABUSE AND MOLESTATION <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
							AGGREGATE	\$
A	DATA BREACH AND CYBER LIABILITY COVERAGE						AGGREGATE	\$
A	EQUIPMENT LEASED OR RENTED						AGGREGATE	\$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 PERFORMER IS A NAMED INSURED AS A MEMBER OF PERFORMERS OF THE U.S.:  
 Michael Cook dba Jason Michael, Foam Fever

<b>CERTIFICATE HOLDER</b> Michael Cook dba Jason Michael, Foam Fever 1617 Drakes Creek Road Hendersonville, TN 37075	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE <div style="text-align: right;"><i>Stephanie Weiss</i></div>
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