

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

							_	3/2	29/2024		
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).											
	oducer livier VanDyk Insurance Agency, Inc	NAME:	NAME:								
27	780 44th St SW	(A/C, No, Ext): 616-454-0800 (A/C, No): 616-454-7100									
Wyoming MI 49519					E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE						
					INSURER A : Cincinnati Specialty Underwriters Ins Co				13037		
INSURED STELEVE-01 Stellar Events, LLC					INSURER B :						
1979 Pioneer Rd					INSURER C :						
Huntingdon Valley PA 19006					INSURER D :						
_					INSURER E :						
					INSURER F :						
COVERAGES CERTIFICATE NUMBER: 1401191193					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.											
INSF					POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A			CSU 0225287		2/16/2024	2/16/2025	EACH OCCURRENCE	\$ 1,000	,000		
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00		
							MED EXP (Any one person)	\$0			
							PERSONAL & ADV INJURY	\$ 1,000	,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000	,000		
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000	,000		
	OTHER:							\$			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO						BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
								\$			
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$			
	DED RETENTION \$							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER OTH- STATUTE ER				
		/ A					E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER CAN						ANCELLATION					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
For Information Purposes Only											

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