



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/4/2015

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).

PRODUCER Specialty Insurance Agency Performers of the U.S. P.O. Box 24 New Richmond, WI 54017	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">CONTACT NAME: Stephanie Weiss</td> <td style="border-bottom: 1px solid black;">FAX (A/C, No): 715-246-4257</td> </tr> <tr> <td style="border-bottom: 1px solid black;">PHONE (A/C, No, Ext): 715-246-8908</td> <td></td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">E-MAIL ADDRESS: certs@specialtyinsuranceagency.com</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER A : Evanston Insurance Company</td> <td style="border-bottom: 1px solid black;">NAIC # 35378</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER B :</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER C :</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER D :</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER E :</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME: Stephanie Weiss	FAX (A/C, No): 715-246-4257	PHONE (A/C, No, Ext): 715-246-8908		E-MAIL ADDRESS: certs@specialtyinsuranceagency.com		INSURER(S) AFFORDING COVERAGE		INSURER A : Evanston Insurance Company	NAIC # 35378	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED Madeline E. Bingham dba Maddie Belly Dancer, Renegade Roxy 123 Woodberry Court Woodstock, GA 30188																					

COVERAGES CERTIFICATE 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 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
	<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000	
	<input type="checkbox"/>		X	X	2CN0129-9493	08/04/2015	08/03/2016	PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	<input type="checkbox"/>				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	<input type="checkbox"/>				\$
	<input type="checkbox"/>	LOC	<input type="checkbox"/>	<input type="checkbox"/>				
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/>	ANY AUTO					BODILY INJURY (Per person) \$	
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>			BODILY INJURY (Per accident) \$	
	<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>			PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			\$	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	UMBRELLA LIAB					EACH OCCURRENCE \$	
	<input type="checkbox"/>	EXCESS LIAB					AGGREGATE \$	
	<input type="checkbox"/>						\$	
	DED							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT \$	
		If yes, describe under DESCRIPTION OF OPERATIONS below		N / A			E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
A	BUSINESS PERSONAL PROPERTY - INLAND MARINE						AGGREGATE \$	

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

PERFORMER IS A NAMED INSURED AS A MEMBER OF PERFORMERS OF THE U.S.:
 Madeline E. Bingham dba Maddie Belly Dancer, Renegade Roxy

CERTIFICATE HOLDER

Madeline E. Bingham
 dba Maddie Belly Dancer, Renegade Roxy
 123 Woodberry Court
 Woodstock, GA 30188

CANCELLATION

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

Stephanie Weiss