Ą		RT	ΊF	ICATE OF LIA	BILITY I	NSUR			1M/DD/YYYY) 07/2025
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. T CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLIC BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZ REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
t	MPORTANT: If the certificate holde o the terms and conditions of the p o the certificate holder in lieu of suc	olicy	, cer	tain policies may require ar	policy(ies) must l n endorsement. A	be endorsed. A statement o	If SUBROGATION IS Won this certificate does n	/AIVED ot conf	, subject er rights
PR	ODUCER	-			CONTACT NAME:				
	ne Loomis Company				PHONE	PHONE FAX			
	0 N PARK RD D BOX 7011		(A/C, No, Ext): E-MAIL						
WYOMISSING, PA 19610-1307					ADDRESS:				
						INSURER(S) AI	FORDING COVERAGE		NAIC #
					INSURER A :	Knight Specialty Insurance Company			15366
	_{SURED} JH Entertainment dba/Don't Miss a B			ta	INSURER B :	ISURER B :			
	TIMBER LN STE 202	eat	Even	15	INSURER C :	RC :			
	ARLBORO, NJ 07746-1488		INSURER D :	JRER D :					
					INSURER E :	INSURER E :			
					INSURER F :	ISURER F :			
C	OVERAGES CE	RTIF				REVISION NUMBER:			
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 W THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									O WHICH
INSF LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY	INGIN					EACH OCCURRENCE		\$1,000,000
							FIRE DAMAGE (Any one fire)		\$300,000
A	CLAIMS-MADE X OCCUR						MED EXP (Any one person)		\$5,000
					01/20/2025	01/20/2026 12:01 AM			
				KSFLD0002547-00	12:00 AM		PERSONAL & ADV INJURY		\$1,000,000
							GENERAL AGGREGATE		\$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG		\$1,000,000
	X POLICY PRO- JECT LOC								
A	AUTOMOBILE LIABILITY			KSFLD0002547-00	01/20/2025 12:00 AM	01/20/2026 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000
	ANY AUTO	x					BODILY INJURY (Per person)		
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per		
	V HIRED AUTO V NON-OWNED						accident) PROPERTY DAMAGE		
	AUTOS						(Per accident)		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		
	DED RETENTION \$								
Co Th	SCRIPTION OF OPERATIONS / LOCATIONS / VEI overed Activities: DJ Services, Event P le Certificate Holder is added as an add :heduled Activities Exclusion Applie	lanni ditior	ng nal ins	sured but only with respect to	liability arising out	of the named i	nsured during the policy p	eriod.	
CERTIFICATE HOLDER					CANCELLATION				
					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 The Loomis Company				