

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/06/2025

WA cert	ORTANT: If the certificate holder IVED, subject to the terms and co ificate holder in lieu of such endo	nditions	of the p					
PRODUCER Specialty Insurance Agency Performers of the U.S. 3432 Denmark Ave #231 Eagan, MN 55123						Contact Name: Heather Weiss Zenzen Phone: 715-246-8908 FAX: 715-246-8908 Email: info@specialtyinsuranceagency.com		
						INSURERS AFFORDING COVERAGE NAIC #		
INSURED PERFORMERS OF THE U.S. AND ITS PARTICIPATING MEMBERS: Rebecca C. Stoelinga dba Super Stolie 695 Oakmont Lane, Unit D2 Wheeling, IL 60090						INSURER A: Evanston Insurance Company		35378
						INSURER B:		
						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	
А	X COMMERCIAL GENERAL						EACH OCCURRENCE	\$ 1,000,000
	CLAIMS MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	GEN'L AGGREGATE LIMIT	X	X	2CN0183-2915	05/01/2025	05/01/2026 12:01	MED EXP (Any one person)	\$ 5,000
	APPLIES PER:	^	^	2CN0103-2915	05/01/2025		PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000
	X POLICY PROJECT						PRODUCTS - COMP/OP	\$ 2,000,000
	LOC						AGG	\$ 2,000,000
А	PERFORMER ASSISTANT(S)						EACH OCCURRENCE	\$
							AGGREGATE	\$
Α	BUSINESS PERSONAL PROPERTY - INLAND MARINE						AGGREGATE	\$
	SEXUAL ABUSE AND						EACH OCCURRENCE	\$
A	MOLESTATION OCCUR						AGGREGATE	\$
Α	DATA BREACH AND CYBER LIABILITY COVERAGE						AGGREGATE	\$
Α	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.: Rebecca C. Stoelinga dba Super Stolie Insured for: Childrens Entertainer, Storyteller, 1 Man Band, Musician								
CERTIFICATE HOLDER						CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED		
Rebecca C. Stoelinga dba Super Stolie 695 Oakmont Lane, Unit D2 Wheeling, IL 60090						BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL $\underline{30}$ 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 Win 2								zlu