**PWILBUR** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/02/2017

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.

|  | is certificate does not confer rights to   | 0     | J = 1 E1    |   | CONTAC<br>NAME:  | eT.   |  |   |        |              |                                      |
|--|--|-------|-------------|---|--|---|--|---|--------|--------------|--------------------------------------|
| PRODUCER LD&B Insurance and Financial Services 205 South Liberty Street Harrisonburg, VA 22801  INSURED  Harrisonburg Downtown Renaissance 212 S. Main Street Harrisonburg, VA 22801 |  |       |             |   |  | PHONE (A/C, No, Ext): (540) 433-2796 (A/C, No): (540) 434-90  E-MAIL ADDRESS: info@Idbinsurance.com |  |   |        |              |                                      |
|  |  |       |             |   |  |   |  |   |        |              | INSURER(S) AFFORDING COVERAGE NAIC # |
|  |  |       |             |   |  | INSURER A : ERIE INSURANCE EXCHANGE 26271   |  |   |        |              |                                      |
|  |  |       |             |   |  | INSURER B:  |  |   |        |              |                                      |
|  |  |       |             |   |  | INSURER C :   |  |   |        |              |                                      |
|  |  |       |             |   |  | RD:   |  |   |        |              |                                      |
|  |  |       |             |   |  | RE:   |  |   |        |              |                                      |
|  |  |       |             |   |  | RF:   |  |   |        |              |                                      |
|  |  |       |             |   |  |   | VERAGES CERT                             | TIEIC   | ATE    | NUMBER:      | REVISION NUMBER:                     |
| TI<br>IN   | HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH F  | S OF  | INS<br>REME | SURANCE LISTED BELOW<br>ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR | ON OF A  | NY CONTRAC<br>' THE POLICI<br>REDUCED BY I  | CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS | R DOCUMENT WITH RESI                                      | PECILI | O WHICH THIS |                                      |
| INSR<br>LTR  |  | ADDL  | SUBR        | POLICY NUMBER   |  | POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)   |  | LIMITS  |        |              |                                      |
| A  | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  | X     |             | Q35-0101324   |  | 11/01/2016  |  | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$     | 1,000,000    |                                      |
|  |  |       |             |   |  |   |  | MED EXP (Any one person)                                  | \$     |              |                                      |
|  |  |       |             |   |  |   |  | PERSONAL & ADV INJURY                                     | \$     | 1,000,000    |                                      |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:   |       |             |   |  |   |  | GENERAL AGGREGATE   | \$     | 2,000,000    |                                      |
|  | POLICY PRO-  |       |             |   |  |   |  | PRODUCTS - COMP/OP AGO                                    | \$ \$  |              |                                      |
|  | OTHER:   |       |             |   | _  |   |  | COMBINED SINGLE LIMIT                                     | 5      |              |                                      |
|  | AUTOMOBILE LIABILITY   |       |             |   |  |   |  | (Ea accident)  BODILY INJURY (Per person)                 | 10.7   |              |                                      |
|  | ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS  |       |             |   |  |   |  | BODILY INJURY (Per accider                                | 0.00   |              |                                      |
|  | A SALES AND A SALE |       |             |   |  |   |  | PROPERTY DAMAGE<br>(Per accident)                         | \$     |              |                                      |
|  | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |       |             |   |  |   |  | (Per accident)  | s      |              |                                      |
|  | LIMPOSI LA LIAD  |       |             |   |  |   |  | EACH OCCUPPENCE   | s      |              |                                      |
|  | UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  |       |             |   |  |   |  | EACH OCCURRENCE<br>AGGREGATE                              | \$     |              |                                      |
|  |  |       |             |   |  |   |  | AGGREGATE   | \$     |              |                                      |
| A  | DED RETENTION \$   | N/A   |             |   |  | 07/01/2016  | 07/01/2017                               | PER OTH-<br>STATUTE ER                                    | - 4    |              |                                      |
|  | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |       | Q91-0103013 |   |  |   |  | E L EACH ACCIDENT   | \$     | 100,000      |                                      |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  |       |             |   |  |   |  | E.L. DISEASE - EA EMPLOY                                  |        | 100,000      |                                      |
|  | If yes, describe under DESCRIPTION OF OPERATIONS below   |       |             |   |  |   |  | E.L. DISEASE - POLICY LIMI                                |        | 500,000      |                                      |
|  | DESCRIPTION OF OPERATIONS below  |       |             |   |  |   |  | E L DISEASE - POLICY LIMI                                 | 1 3    |              |                                      |
|  |  |       |             |   |  |   |  |   |        |              |                                      |
| RE:  | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>Rocktown Beer & Music Festival - Even<br>of Harrisonburg is hereby an Additiona   | nt Da | te - A      | pril 29th   |  |   | re space is requi                        | red)  |        |              |                                      |
| 200  | VENDO ELA  |       |             |   |  | SELL ASSACE   |  |   |        |              |                                      |
| CERTIFICATE HOLDER   |  |       |             |   |  | CANCELLATION  |  |   |        |              |                                      |
| City of Harrisonburg<br>City Managers Office<br>345 S. Main Street   |  |       |             |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |   |  |   |        |              |                                      |
|  | Harrisonburg, VA 22801   |       |             |   | AUTHO  | RIZED REPRESE   | NTATIVE                                  |   |        |              |                                      |
|  | g,   |       |             |   | P  | atricia   | ( Varsi                                  | 3 <sub>1 11</sub>   |        |              |                                      |
|  |  |       |             |   | -  | MICH  | MULLOW                                   |   |        |              |                                      |