

POLICY NUMBER: Q35-0101324

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

|   |
|---|
| <b>Designation Of Premises (Part Leased To You):</b>  |
| <b>Name Of Person(s) Or Organization(s) (Additional Insured):</b><br>City of Harrisonburg - City Managers Office - RE: Rocktown Beer & Music Festival |
| <b>Additional Premium:</b> \$   |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations.  |

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



Policy Q35-0101324 Declaration effective 11/01/2013

\* SEE page 3 AND 4

ERIE INSURANCE EXCHANGE  
GENERAL LIABILITY POLICY

RENEWAL CERTIFICATE

DD2286 LD&B INS AND FINANCIAL 11/01/13 TO 11/01/14 Q35 0101324 V  
HARRISONBURG & ENDT #1  
C/O EDWIN BUMBAUGH  
212 S MAIN ST  
HARRISONBURG VA 22801-3605

POLICY PERIOD BEGINS AND ENDS AT 12.01 A.M. STANDARD TIME AT THE STATED  
ADDRESS OF THE NAMED INSURED.

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TYPE OF POLICY - OCCURRENCE BUSINESS TYPE - OTHER  
INDEPENDENT CITY

THE ERIE'S LIMIT OF PROTECTION FOR EACH COVERAGE IS STATED BELOW.  
THIS IS SUBJECT TO ALL APPLICABLE TERMS OF THE POLICY AND ATTACHED FORMS.

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LIMITS OF INSURANCE  
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EACH OCCURRENCE LIMIT \$1,000,000  
DAMAGE TO PREMISES  
RENTED TO YOU LIMIT \$1,000,000 ANY ONE PREMISES  
MEDICAL EXPENSE LIMIT \$ 5,000 ANY ONE PERSON  
PERSONAL & ADVERTISING INJURY LIMIT \$1,000,000 ANY ONE PERSON OR ORGANIZATION  
GENERAL AGGREGATE LIMIT \$2,000,000  
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT INCL IN GENERAL AGGREGATE LIMIT

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COVERAGES & PREMIUMS  
-----

PREMISES/OPERATIONS \$ 1,610.  
PRODUCTS/COMPLETED OPERATIONS INCLUDED

OPTIONAL COVERAGES -  
ADDITIONAL INSURED \$ 30.  
TOTAL DEPOSIT PREMIUM - - - - - \$ 1,640.

APPLICABLE FORMS - SEE SCHEDULE OF FORMS  
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SCHEDULE OF INSURED'S OPERATIONS

PREMISES/OPERATIONS AND PRODUCTS/COMPLETED OPERATIONS HAZARDS  
ARE INCLUDED OR EXCLUDED AS INDICATED BELOW.

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LOCATION \* INSURED OPERATIONS  
\*  
\*  
1. 345 S MAIN ST, HARRISONBURG, VA \* 041670A - REVITALIZATION  
\* ORGANIZATION - RATED AS  
\* CLUBS - CIVIC, SERVICE OR  
\* SOCIAL - NO BUILDINGS OR  
\* PREMISES OWNED OR LEASED  
\* EXCEPT FOR OFFICE  
\* PURPOSES - NOT-FOR-PROFIT  
\* ONLY INCLUDING PRODUCTS -  
\* COMPLETED OPERATIONS  
\*  
\* UNFILE - SEVEN EVENTS INCLUDING  
\* HALLOWEEN, BLOCK PARTY IN  
\* THE BURG, VALLEY FOURTH,  
\* DOWNTOWN TOUR, TEMPTATIONS  
\* AT THE THEATER, ROCKTOWN  
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\* BEER & MUSICAL FESTIVAL &  
\* ROCKTOWN WINE & DINE  
\* FESTIVAL INCLUDING  
\* PRODUCTS - COMPLETED  
\* OPERATIONS  
\*

|                     |                |          |
|---------------------|----------------|----------|
|                     | LOCATION       | 1        |
| CLASS CODE          | * 041670A      | UNFILE   |
| PREMIUM BASES       | * PER MEMBER   | FLAT     |
| EXPOSURE            | * 25           | FLAT     |
| PREMISES/OPERATIONS | *              |          |
| RATE                | * .591         | FLAT     |
| PREMISES/OPERATIONS | *              |          |
| PREMIUM             | * 210. MINIMUM | 1,200.   |
| PRODUCTS/COMPLETED  | *              |          |
| OPERATIONS RATE     | * INCLUDED     | INCLUDED |
| PRODUCTS/COMPLETED  | *              |          |
| OPERATIONS PREMIUM  | * INCLUDED     | INCLUDED |

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SCHEDULE OF INSURED'S OPERATIONS  
PREMISES/OPERATIONS AND PRODUCTS/COMPLETED OPERATIONS HAZARDS  
ARE INCLUDED OR EXCLUDED AS INDICATED BELOW.

|                                    |                                     |                    |
|------------------------------------|-------------------------------------|--------------------|
| LOCATION                           | *                                   | INSURED OPERATIONS |
|                                    | *                                   |                    |
|                                    | *                                   |                    |
| 1. 345 S MAIN ST, HARRISONBURG, VA | * 048557A - SOCIAL GATHERINGS AND   |                    |
|                                    | * MEETINGS-ON PREMISES NOT          |                    |
|                                    | * OWNED OR OPERATED BY              |                    |
|                                    | * THE INSURED - OTHER THAN          |                    |
|                                    | * NOT-FOR-PROFIT INCLUDING          |                    |
|                                    | * PRODUCTS - COMPLETED              |                    |
|                                    | * OPERATIONS                        |                    |
|                                    | *                                   |                    |
|                                    | * UNFILE - RESTAURANT TASTING TOURS |                    |
|                                    | * INCLUDING PRODUCTS -              |                    |
|                                    | * COMPLETED OPERATIONS              |                    |
|                                    | *                                   |                    |
|                                    | *                                   |                    |
|                                    | *                                   |                    |
|                                    | *                                   |                    |
|                                    | *                                   |                    |
|                                    | *                                   |                    |
|                                    | *                                   |                    |
|                                    | *                                   |                    |
|                                    | *                                   |                    |

|                     |                |        |
|---------------------|----------------|--------|
|                     | LOCATION       | 1      |
| CLASS CODE          | * 048557A      | UNFILE |
| PREMIUM BASES       | * PER LOCATION | FLAT   |
| EXPOSURE            | * 1            | FLAT   |
| PREMISES/OPERATIONS | *              |        |

RATE \* 23.961 FLAT  
 PREMISES/OPERATIONS PREMIUM \* INCLUDED 200.  
 PRODUCTS/COMPLETED OPERATIONS RATE \* INCLUDED INCLUDED  
 PRODUCTS/COMPLETED OPERATIONS PREMIUM \* INCLUDED INCLUDED

SCHEDULE OF FORMS

| FORM NUMBER | EDITION DATE | DESCRIPTION   |
|-------------|--------------|---|
| CGL         | 03/01        | COMMERCIAL GENERAL LIABILITY POLICY                                     |
| UFB250      | 06/13 *      | VIRGINIA IMPORTANT NOTICE - COMMERCIAL GENERAL LIABILITY FORM REVISIONS |
| CG0001      | 04/13 *      | COMMERCIAL GENERAL LIABILITY COVERAGE FORM                              |
| IL0138      | 11/11        | VIRGINIA CHANGES - CANCELLATION AND NONRENEWAL                          |
| CG0179      | 07/10        | VIRGINIA CHANGES  |
| GU32        | 03/01        | EXCLUSION - LEAD LIABILITY  |
| IL0021      | 09/08 *      | NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT                          |
| ULOW        | 03/01        | COVERAGE FOR PUNITIVE DAMAGES (MD, NC, TN, VA, WI, WV)                  |
| ULED        | 09/05        | EXCLUSION - ASBESTOS  |
| ULQJ        | 03/01        | EXTRA LIABILITY COVERAGES   |
| ULQN        | 06/13 *      | EXCLUSION - PROFESSIONAL LIABILITY                                      |
| CG2147      | 12/07        | EMPLOYMENT-RELATED PRACTICES EXCLUSION                                  |
| GUVA        | 01/07        | IMPORTANT INFORMATION FOR VIRGINIA POLICYHOLDERS                        |
| CG2167      | 12/04        | FUNGI OR BACTERIA EXCLUSION   |
| CG2170      | 01/08        | CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM                          |
| IL0985*     | 01/08        | DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT                     |
| UF4111      | 01/10        | IMPORTANT NOTICE TO POLICYHOLDERS - TERRORISM COVERAGE - LIABILITY      |
| UF4810*     | 03/08        | IMPORTANT NOTICE - POLICY SERVICE FEES                                  |
| UF8385      | 03/95        | IMPORTANT NOTICE  |
| UF6330*     | 08/09        | IMPORTANT NOTICE: DO YOU USE SUBCONTRACTORS?                            |
| IL0017      | 11/98        | COMMON POLICY CONDITIONS  |
| CG2196      | 03/05        | SILICA OR SILICA-RELATED DUST EXCLUSION                                 |
| FORM SA     | 11/12 *      | SUBSCRIBERS AGREEMENT   |
| ENDT1       |              | LONG NAMED INSURED ENDORSEMENT  |
| CG2002      | 11/85        | ADDITIONAL INSURED - CLUB MEMBERS                                       |
| * CG2011    | 04/13 *      | ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES                    |

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IMPORTANT - PLEASE READ

YOUR RATE FOR YOUR COMMERCIAL GENERAL LIABILITY POLICY IS DETERMINED BY USING ONE OF THE FOLLOWING BASES OF PREMIUM -

- A) AREA - RATES ARE PER 1000 SQUARE FEET OF AREA
- B) PAYROLL - RATES ARE PER \$1000 OF PAYROLL
- C) SALES - RATES ARE PER \$1000 OF SALES
- D) ADMISSIONS - RATES ARE PER 1000 ADMISSIONS
- E) COMMISSIONS - RATES ARE PER \$1000 COMMISSIONS
- F) COST - RATES ARE PER \$1000 COST
- G) EXPENDITURES - RATES ARE PER \$1000 EXPENDITURES
- H) OTHER - SEE PREMIUM BASES

ENDORSEMENT 1

IT IS AGREED THAT THE NAMED INSURED SHALL READ AS FOLLOWS -

HARRISONBURG DOWNTOWN RENAISSANCE  
 RECORD OF ADDITIONAL INSUREDS - MANAGERS OR LESSORS OF PREMISES

(3)

CITY OF HARRISONBURG  
CITY MANAGERS OFFICE  
345 S MAIN ST  
HARRISONBURG VA 22801-3606  
SELLERS REAL ESTATE  
64 S COURT SQ  
HARRISONBURG VA 22801-3720



COUNTY OF ROCKINGHAM  
PO BOX 1252  
HARRISONBURG VA 22803-1252

CALDWELL BANKER  
FUNKHOUSER REALTORS  
66 S COURT SQ  
HARRISONBURG VA 22801-3720  
BANK OF AMERICA  
57 S MAIN ST  
HARRISONBURG VA 22801-3716  
JAMES MCHONE JEWELRY  
75 S COURT SQ  
HARRISONBURG VA 22801-3720  
PEPPERJACK CONSULTING  
80 S MAIN ST  
HARRISONBURG VA 22801-3761

COURT SQUARE THEATER  
61 GRAHAM ST  
HARRISONBURG VA 22801-3739  
FIRST PRESBYTERIAN CHURCH  
17 N COURT SQ  
HARRISONBURG VA 22801-3723  
LIBERTY SOUTH ASSOCIATES  
276 S LIBERTY ST  
HARRISONBURG VA 22801-3633  
TASTE A FOOD COMPANY  
KIRSTEN PARMER D/B/A  
2075 BUTTONWOOD CT  
HARRISONBURG VA 22802-6208

(4)