Client#: 7545 CITYPHIL2

## $oldsymbol{ACORD}_{^{\!\!\!\!\perp}}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/07/2025

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. 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 any rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).								
PROI	DUCER			CONTACT Sloane Lomenick				
Haa	s & Wilkerson Insurance			PHONE (A/C, No, Ext): 913 432-4400 FAX (A/C, No):				
430	0 Shawnee Mission Parkway			E-MAIL ADDRESS: sloane.lomenick@hwins.com				
	way, KS 66205			INSURER(S) AFFORDING COVERAGE				
913 432-4400				INSURER A : U.S. Specialty Insurance Company			29599	
INSU		۰. ٦		INSURER B:				
	Lessees City of Phil. Park			INSURER C:				
	c/o Friends of Matthias Ba			INSURER D:				
	1900 Hamilton Street Apt.	906		INSURER E :				
	Philadelphia, PA 19130			INSURER F :				
CO	'ERAGES CEF	RTIFICAT	E NUMBER:		F	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 SUE	BR D POLICY NUMBER	POLICY EFF (MM/DD/YYYY) (M	POLICY EXP	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY		U25TU00039	, , ,	•	EACH OCCURRENCE \$1	.000.000	

LTR	TYPE OF INSURANCE		INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	Χ	COMMERCIAL GENERAL LIABILITY			U25TU00039	04/23/2025	04/23/2026	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
								MED EXP (Any one person)	\$Excluded
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$1,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	יםוםי	TION OF OBERATIONS / LOCATIONS / VEHIC	LEC //	COBE	101 Additional Bamarka Sahadula may	ha attached if me	anaaa la ragu	irad\	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is added as Additional Insured with respect to our Insured's negligence only. This coverage is with the respect to Friends of Matthias Baldwin Park, Howl-O-Ween Event on 10/25/2025 RD: 10/26/2025.

Description of Excluded Events, Items, or Activities: (See Attached Descriptions)

CERTIFICATE HOLDER	
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The City of Philadelphia 1515 Arch Street, 14th Floor Risk Management Philadelphia, PA 19102

## 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

William R. Miller II

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**DESCRIPTIONS (Continued from Page 1)** Aircraft events **Bounce Houses Bungee Jumping Carnivals Childcare Operations** Circuses **Driver's Education Evangelistic Meetings with Faith Healing Events with prior losses Fireworks Go Kart Races Gun & Knife Shows Haunted Houses** Hang Gliding/Skydiving Hot Air Balloon Rides/Events Inflatables Rides/Games **Events with Animals Present** Flying classes Laser tag Luge **Mechanical Amusement Devices Motorized Sporting Events Overnight Events/Exposures Paint Ball Parachuting Parasailing** \*\*Participants are not covered during the activities event\*\* **Pyrotechnics Raves Reality TV Shows Renaissance Fairs Rodeos Roping Events Roller Coasters Saddle Animals Skate Boarding** Ski Events **Sky Diving** Slam Dancing **Temporary Structures Tobogganing Tractor Pulls Trampolines Wall Climbing** War Games/Re-enactments **Water Events Water Slides** Any event not otherwise scheduled in TULIP Class I, Class II, Class III events. **Description of Excluded Vendor/ Exhibitors:** Acts taking place at a Circus Alcohol selling vendors **Aviation vendors Amusement Device** 

Any Food Vendors with open Flames

**Animal Show Vendors** 

**Any Live Performer** 

	DESCRIPTIONS (Continued from Page 1)
Beautician	
Caterers that prepare food onsite	
Childcare Operations	
Fireworks	
Hypnotist	
Inflatables	
Masseuse	
Magicians	
Motorsports	
Paintball	
Open Flames	
Remote Control race cars	
Rock Climbing Walls	
Santa Claus	
Setting up any type of temporary s	structures
Supply lighting	
Selling Fire Arms or Knives	
Security Companies	
Supply artificial Snow or rain	
Tattoo or Body Piercing	
Trail Rides	
Weapons of any kind	