

Vlcki Beyer

Terra Johnson

Submission Date	Jun 21, 2022 10:02 AM
Organization/corporation	Wheaton Park District
Primary contact for event	Vlcki Beyer
Primary contact cell number for day of event	(630) 536-4138
Primarily contact email address	vbeyer@wheatonparks.org
Secondary contact for event (recommended but not required)	Terra Johnson
Secondary contact cell number for day of event (recommended but not required)	(847) 840-8466
DATE of EVENT	Oct 14, 2022
EVENT Address	1777 S Blanchard Wheaton, IL, 60189
START TIME for Entertainer	5:30 PM
END TIME for Entertainer	7:30 PM
Entertainment type - primary	Airbrush
List additional event services (or additional performers) below with start/end times if necessary. Additional services and/or artists incur an additional performance fee.	2 airbrush tattoo artists- please
Will event be indoors or outdoors?	Indoor event
CLIENT Address (if different than event address)	1777 S Blanchard Wheaton, IL, 60189
Approximate number of guests expected to participate	100-150
Event theme	Halloween
Approximate ages of guests	1-10
Parking/loading instructions/extra instructions	west entrance- event will be located in Memorial Auditorium
Requires proof of insurance	Yes
Requires Additional Insured Certificate for event	Yes
Exact language for additional insured	list wheaton park district as additional insured and certificate holder
Tip instructions per client (Discrete tips are accepted at	Refuse offered tips

events unless otherwise indicated by tip instructions)

50% RETAINER - Payment preference

Check

BALANCE - Payment preference

Check

EVENT TOTAL (Reference quote \$560 - based on total performance hours of all performers)

Notes:

Will we also require waiver completed for criminal background checks- I will send to Beth

Signature

A handwritten signature in black ink, appearing to be 'M. R. ...', written over a horizontal line.

7-7-22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/01/2022

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

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: certs@specialtyinsuranceagency.com										
INSURED PERFORMERS OF THE U.S. AND ITS PARTICIPATING MEMBERS: Elizabeth A. MacKinney dba Face Paint Pizzazz 20307 West Coral Road Marengo, IL 60152	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER A: Evanston Insurance Company</td> <td>35378</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Evanston Insurance Company	35378	INSURER B:		INSURER C:		INSURER D:	
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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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	2CN0174-7357	04/25/2022	04/24/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	PERFORMER ASSISTANT(S)						EACH OCCURRENCE	\$
							AGGREGATE	\$
A	BUSINESS PERSONAL PROPERTY - INLAND MARINE						AGGREGATE	\$
A	SEXUAL ABUSE AND MOLESTATION <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
							AGGREGATE	\$
A	DATA BREACH AND CYBER LIABILITY COVERAGE						AGGREGATE	\$
A	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.:
 Elizabeth A. MacKinney dba Face Paint Pizzazz
 Additional Insured: Wheaton Park District, Wheaton Park District Community Center
 Email: vbeyer@wheatonparks.org Attn: Vicki Beyer Event Dates: 10/14/2022 - 10/14/2022 Includes Setup And Teardown

CERTIFICATE HOLDER Wheaton Park District Community Center 1777 S Blanchard Street Wheaton, IL 60189	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 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
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