

# CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
12/17/2015

**PRODUCER AND THE NAMED INSURED**  
Evolution Insurance Brokers, LLC.

8722 S. Harrison St.  
Sandy, UT 84070  
(801) 304-5500

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.**

## INSURERS AFFORDING COVERAGE

**INSURED**  
American Frontier Reenactment Guild

29737 Pleasant Valley Road  
Paola, KS 66071

INSURER A: Prime Insurance Company  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"**

## COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> <b>Commercial Liability</b> <input checked="" type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Exclude Products <input checked="" type="checkbox"/> Exclude Completed Operations	SC1512610	12/29/2015	12/29/2016	\$100,000 Per Person \$1,000,000 Per Accident \$2,000,000 Policy Aggregate \$5,000 Excess Med Pay
<input type="checkbox"/> <b>Commercial Auto Liability</b> Any Auto All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos Drive Away				
<input type="checkbox"/> <b>Commercial Garage Liability</b> G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession Claims Made Exclude Products Exclude Completed Operations				
<input type="checkbox"/> <b>Excess Liability</b> <input type="checkbox"/> Claims Made				

**OTHER**

**DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 Coverage is limited to only insured activities or operations identified in the Policy. Excess Med Pay, Spectator Liability Only - Performer's Association - Reenactment of Historical Events - per receipts., Additional Insured Endorsement - Scheduled., Spectator Liability Only - per spectators.

**CERTIFICATE HOLDER**   
  **ADDITIONAL INSURED**   
  **LOSS PAYEE**

FOR PROOF OF INSURANCE ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 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