

## SPECIALTY CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/12/2025

| 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  |   |   |              |             |                  |  | Contact Name: Heather Weiss Zenzen Phone: 715-246-8908 FAX: 715-246-8908 Email: info@specialtyinsuranceagency.com |  |              |
| Eagan, MN 55123  |   |   |              |             |                  |  | INSURERS AFFORDING COVERAGE NAIC #  |  |              |
| INSURED PERFORMERS OF THE U.S. AND ITS PARTICIPATING MEMBERS:  |   |   |              |             |                  |  | INSURER A: Evanston Insurance Company   |  | 35378        |
| Matthew Vizio  |   |   |              |             |                  |  | INSURER B:  |  | 03070        |
|  |   |   |              |             |                  |  | INSURER C:  |  |              |
|  |   |   |              |             |                  |  | INSURER D:  |  |              |
| COVERAGES  THE DOLLOW DEPTH OF THE PROPERTY OF |   |   |              |             |                  |  |   |  |              |
| 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<br>INSD | SUBR<br>WVD | POLICY NUMBER    | POLICY EFFECTIVE<br>DATE (MM/DD/YY)  | POLICY EXPIRATION<br>DATE (MM/DD/YY)  | LIMITS                                       |              |
| Α  |   | X COMMERCIAL GENERAL                                |              |             |                  |  |   | EACH OCCURRENCE                              | \$ 1,000,000 |
|  |   | CLAIMS MADE X OCCUR                                 |              |             |                  |  |   | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ 300,000   |
|  |   | GEN'L AGGREGATE LIMIT                               |              |             | 00010400 47004   | 10/01/0005   | 10/01/2026 12:01am  | MED EXP (Any one person)                     | \$ 5,000     |
|  | , | APPLIES PER:  | X            | X           | 2CN0183-17304    | 10/01/2025   | 10/01/2026 12.01am  | PERSONAL & ADV INJURY  GENERAL AGGREGATE     | \$ 1,000,000 |
|  |   | X POLICY PROJECT                                    |              |             |                  |  |   | PRODUCTS - COMP/OP                           | \$ 2,000,000 |
|  | _ | roc   | -            |             |                  |  |   | AGG  | \$ 2,000,000 |
| Α  |   | PERFORMER ASSISTANT(S)                              |              |             |                  |  |   | EACH OCCURRENCE<br>AGGREGATE                 | \$           |
| Α  |   | BUSINESS PERSONAL<br>PROPERTY - INLAND MARINE       |              |             |                  |  |   | AGGREGATE                                    | \$           |
|  | П | SEXUAL ABUSE AND                                    |              |             |                  |  |   | EACH OCCURRENCE                              | \$           |
| A  |   | MOLESTATION<br>OCCUR                                |              |             |                  |  | -   | AGGREGATE                                    | \$           |
| Α  |   | DATA BREACH AND CYBER<br>LIABILITY COVERAGE         |              |             |                  |  |   | AGGREGATE                                    | \$           |
| Α  |   | EQUIPMENT LEASED OR<br>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.: Matthew Vizio dba Honest Deception  Insured for: Comedian, Magician  |   |   |              |             |                  |  |   |  |              |
| OFFICIAL LIGHT HOLDER  |   |   |              |             |                  |  |   |  |              |
| <u>UE</u>  | ı | IFICATE HOLDER  Matthew Vizio  Iba Honest Deception |              |             |                  | 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 Was Zangla   |   |  |              |
|  |   |   |              |             | 100 Des The solu |  |   |  |              |