

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2024

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 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 FL Dean Bjo 12800 UNIVE | rn Rosinus ERSITY DR STE 125 | CONTACT NAME: PHONE (A/C, No, Ext): | | FAX (A/C, No): | |
|---------------------------------------|--|--|----------------------------------|-------------------|-------|
| FORT MYER | S, FL 33907-5335 | E-MAIL ADDRESS: | | | |
| | | | INSURER(S) AFFORDING COVERAGE | | NAIC# |
| | | INSURER A: | Great American Insurance Company | | 16691 |
| INSURED | SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND | INSURER B: | | | |
| It's A Game | ITS PARTICIPATING MEMBERS: Time, LLC | INSURER C: | | | |
| PO BOX 36 DEWY ROSE, GA 30634-0036 | | INSURER D: | | | |
| | | INSURER E: | | | |
| | | INSURER F: | | | |
| 001/55405 | OFFICIAL NUMBER OFFICIAL | | DEVIOLON | | |

COVERAGES CERTIFICATE NUMBER: GAS155415 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.

| INSF | ISR TR TYPE OF INSURANCE | | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|------|--|--|-------------|---------------|----------------------------|----------------------------|--|----------------|
| | GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$1,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300,000 |
| | CLAIMS-MADE X OCCUR A X HOST LIQUOR LIABILITY INCLUDED | | | | 4.4.100.1000.4 | 4.4/00/0005 | MED EXP (Any one person) | \$10,000 |
| Α | | | | PAC 4725036 | 11/08/2024 12:00 AM | 11/08/2025 12:01 AM | PERSONAL & ADV INJURY | \$1,000,000 |
| | | | | | 12.00 AW | 12.01740 | GENERAL AGGREGATE | \$2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | X POLICY PRO- JECT LOC | | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | |
| | ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTO NON-OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | |
| | | | | | | | | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | |
| | DED RETENTION \$ | | | | | | | |
| _ | A Professional Liability | | | DAC 4705006 | 11/08/2024 | 11/08/2025 | EACH OCCURRENCE | \$1,000,000 |
| | | | | PAC 4725036 | 12:00 AM | 12:01 AM | AGGREGATE LIMIT | \$1,000,000 |
| Α | A Inland Marine Coverage | | | GIM101530 | 11/08/2024 12:00 AM | 11/08/2025 12:01 AM | LIMITS | See supplement |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activities: Mobile Video Game Trailer

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

| CERTIFICATE HOLDER | CANCELLATION | | |
|--------------------|--|--|--|
| Proof of Insurance | 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 Francis L. Dean | | |