

Certificate of Insurance

37336

Issue Date: 8/29/2023

PRODUCER
Professional Program Insurance Brokerage
Division of SPG Insurance Solutions LLC
1304 Southpoint Blvd., Suite 101
Petaluma, CA 94954

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

INSURERS AFFORDING COVERAGE

INSURED
Big Dog Pyro, LLC
2028 E. Ben White Blvd Ste 240, Box 29825
Austin, TX 78741

INSURER A: Certain Underwriter's at Lloyd's, London - AA-1128623

INSURER B:

INSURER C:

INSURER D:

COVERAGES:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NAMED INSURED ABOVE FOR THE 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (DD/MM/YY)	POLICY EXPIRATION DATE (DD/MM/YY)	LIMITS	
A	GENERAL LIABILITY CLAIMS MADE	PY/23-0037	4/11/2023	4/11/2024	EACH ACCIDENT	\$5,000,000
					MEDICAL EXP (any one person)	
					FIRE LEGAL LIABILITY	\$50,000
					GENERAL AGGREGATE	\$5,000,000
					PRODUCTS-COMP/ OPS AGG	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

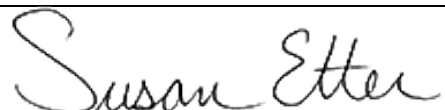
Certificate holder is additional insured as respects the following:

Date(s) of Display:	9/28/2023, 9/29/2023
Location:	AdventHealth Medical Center 2201 S Clear Creek Rd. Killeen, TX 76549
Additional Insured:	AdventHealth Medical Center, 2201 S Clear Creek Rd. Killeen, TX 76549, The City of Killeen Texas, Bell County This policy includes a 90 day extension for filing claims after the expiration of the policy
Rain Date(s):	
Type of Display:	Aerial/SPFX Fireworks Display

CERTIFICATE HOLDER

AdventHealth Medical Center
2201 S Clear Creek Rd.
Killeen, TX 76549

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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