

RVNA VENUE PACKAGE Liability documents

Your client has purchased Liability Insurance from R.V. Nuccio & Associates, Inc.

R.V. Nuccio & Associates, Inc. is one of the only licensed insurance brokers to provide Fireman's Fund's A+rated, admitted insurance for events in all 50 states.

Documents in this package:

Certificate of Liability

The Certificate of Liability should always be accompanied by an Additional Insured Endorsement in order to be valid. Our Certificates of Liability are watermarked to ensure the venue has received a valid and in force proof of insurance.

Additional Insured Endorsement

The Additional Insured Endorsement should always accompany the Certificate of Liability in order for the Certificate to be valid. The Additional Insured Endorsement shows your venue/facility name has been added as Additional Insured on the policy.

Admitted Carrier Information:

Being an Admitted Carrier means that Fireman's Fund Insurance, offered exclusively through R.V. Nuccio & Associates, Inc., must comply with all of your state regulations and if it fails financially your state will step in and cover claims.

Non-admitted carriers are not guaranteed by your state and may not comply with your state's regulations.

Questions:

Call us with any questions at 1-800-364-2433. Our business hours are 5:00 AM to 5:00 PM Pacific Time, Monday – Friday. You can also e-mail us at support@rvnuccio.com. For more information about our Liability Insurance, please visit us at specialeventinsurance.com or rvnuccio.com.







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/01/2023

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 have ADDITIONAL INSURED provisions or be endorsed.

						ms and conditions of the				require an endorsemen	t. A st	atement on	
_	DUCE		ioi rigiito t	0 1110	. 0011	moute notice in nea or or	CONTA						
R.V. Nuccio & Associates Insurance Brokers, Inc.							NAME: RODERT V. NUCCIO PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No, Ext): (818) 980-1595						
10148 Riverside Drive								(A/C, No.): (818) 980-1393 (A/C, No): (818) 980-1393 E-MAIL					
	- 1	Lake, CA 91602					ADDRE				RVN.	NAIC#	
INSURED Lubbock County 904 Broadway Lubbock , TX 79401 COVERAGES CERTIFICATE NUMBER:								INSURER(S) AFFORDING COVERAGE INSURER A: The American Insurance Company					
									iencan msc	irance Company	Α	21857	
								INSURER B:					
									CVIVA I	CVNA KVNA	KVN	A KVNA	
								INSURER D:					
								RE:	4 KVN0	4 KANA KAN	100	V A DAM	
								INSURER F:				a RVNA	
_							VE DEE	N ICCUED TO		REVISION NUMBER:	UE DOL	ICV DEDICE	
IN C	NDIC/ ERTI	ATED. NOTWITHSTANDII FICATE MAY BE ISSUED	NG ANY RE O OR MAY	QUIF PERT	REMEI	RANCE LISTED BELOW HA'NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR LTR				ADDL SUBR NSD WVD POLICY NUMBER		A I	POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS		A RVNA		
A	V	COMMERCIAL GENERAL LIA			WVD		PAZAL.			EACH OCCURRENCE	\$	500,000	
/ \	1047	CLAIMS-MADE V	CCUR	/		UST022072220	KVNA	4/25/2023	04/27/2023	DAMAGE TO RENTED PREMISES	\$	100,000	
	~	Host Liquor Liability	700011	D	VN.	NAEP107426	Λ :	EVNA I	EVNA I	MEDICAL EXPENSE	\$	0	
		1105t Liquor Liability	N. V INVA	- 15	V 1 V 2	A KAIMA KAIM		CVIVA	CVIVA	PERSONAL & ADV INJURY	\$	500,000	
R1	GEN	I N'L AGGREGATE LIMIT APPLIES	C DED:	n a		RVNA RVNA	RVN/	N RVN	RVN/	GENERAL AGGREGATE	\$	1,000,000	
	1	POLICY PRO- JECT	LOC			KVIIIA IKVIIIA				PRODUCTS - COMP/OP AGG	\$	500,000	
	Ī	OTHER:		R	VN.	A RVNA RVN	A F	EVNA I	EVNA I	FRODUCTS - COMF/OF AGG	\$	300,000	
Α	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT	\$		
R۱	/N/	ANY AUTO		/NA		RVNA RVNA	RVN/	A RVN/	A RVN/	BODILY INJURY (Per person)	-	RVNA	
		OWNED SCHE	EDULED							BODILY INJURY (Per accident)	ļ ·		
			-OWNED	R	VN.	A RVNA RVN	A F	EVNA I	EVNA I	PROPERTY DAMAGE	\$	A RVNA	
	-	AUTOS ONLY AUTO	OS ONLY							(Per accident)	\$		
R	/N/	UMBRELLA LIAB	IA RI	HA		RVNA RVNA	RVN	RVN/	RVN	RVNA RVN	Α	RVNA	
		Exerce Liab	CCUR							EACH OCCURRENCE	\$		
	CEAIIVIS-IVIADE			R	VN.	A RVNA RVN	A R	VNA F	EVNA I	AGGREGATE	\$	A RVNA	
	WOF	DED RETENTION \$								PER OTH- STATUTE ER	\$		
R)	AND	EMPLOYERS' LIABILITY	Y/N	NA		RVNA RVNA	RVN/	A RVN/	A RVN/			RVNA	
	OFF	PROPRIETOR/PARTNER/EXECU ICER/MEMBER EXCLUDED?	JTIVE	N/A		s parata parat				E.L. EACH ACCIDENT	\$	0 703/010	
	If ves	ndatory in NH) s, describe under	KVIVA	15	VN	A RVNA RVN	Α Ι	CVNA I	EVNA I	E.L. DISEASE - EA EMPLOYEE		A KVNA	
D1	DÉS	CRIPTION OF OPERATIONS be	elow	OLLA		DAZALA DAZALA	DAZAL	DA/AL	D VAL	E.L. DISEASE - POLICY LIMIT	\$	DAZALA	
Ps.	197			14.74		KVNA KVNA	K V IV	V KVIV	V 100 M	KANA KAN	-	KVINA	
				D	VNI	A DVNA DVN	Δ 1	PAZNIA I	EVINA I	IVNA RVNA	RV/N	A RVNA	
		VINA KINA	11.41117		9 1 1 1	A RYDA RYD				EVINA RVINA	17.0147		
		nal Insured: City of Lul		LES (A	ACORD	101, Additional Remarks Schedu	le, may be	e attached if mor		ed) A RWNA RWN		RVNA	
Aut	aitiOi	iai irisureu. City or Lui	DDUCK										
R1													
		EVNA RVNA	RVNA	R	VN	A RVNA RVN	A [RVNA I	RVNA I	RVNA RVNA	RVN.	A RVNA	
CE	RTIF	ICATE HOLDER					CANC	CELLATION					
Cit	v of	Lubbock					RVN	ALU D ANIV OF	THE ADOVE D		ANGELI	ED DEFORE	
							l TUE			ESCRIBED POLICIES BE C EREOF, NOTICE WILL			
										Y PROVISIONS.		A RVNA	
		k , TX 79401											
							AUTHO	RIZED REPRESE		KVNA KVN		KVNA	
							Robe	ert V. Nucci	o <i>C</i>	Lobert U. Junio		A RVNA	

Certificate Number: NAEP107426 Policy Number: UST022072220

Effective Dates: 4/25/2023 12:01am to 04/27/2023 12:01am

Additional Insured - Person, Organization or other Entity 600002STEP 09 12

Policy Amendment(s) Commercial General Liability

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule

Name of Additional Insured Person(s) or Organization(s) or other Entity(ies) City of Lubbock

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an insured the person, organization or other entity shown in the Schedule above but only to the extent that **bodily injury**, **property damage** or **personal and advertising injury** is caused by the sole negligence of the Memorandum of Insurance holder.

Any Additional Insured Person(s) or Organization(s) or other Entity(ies) covered under this policy is subject to the policy forms, terms, conditions, exclusions, limitations and provisions.

This Endorsement is otherwise subject to all the terms, conditions, exclusions, limitations, and provisions of the policy to which it is attached.

This Form must be attached to Change Endorsement when issued after the policy is written. One of the **Fireman's Fund Insurance Companies** as named in the policy

Secretary

President

ulie a. Bem