

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/28/2022

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.

If	SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	the t	erms	and conditions of the pol	licy, cer	tain policies						
PRO	DUCER	CONTACT Mallorie Muhle										
Brown & Brown of Oklahoma, Inc.						PHONE (0.19) 925 2205 FAX (999) 206 5424						
208 North Mill St						(A/C, No): (600) 290-3431 E-MAIL ADDRESS: mallorie.muhle@bbrown.com						
		INSURER(S) AFFORDING COVERAGE						NAIC #				
Pryor OK 74361						INSURER A: Hudson Insurance Company						
INSURED						INSURER B: Hudson Specialty Insurance Company						
Cherokee Nation Entertainment LLC						INSURER C:						
777 West Cherokee St					INSURER D:							
Catoosa OK 74015				OK 74015	INSURER E : INSURER F :							
			ATF I	NUMBER: 22-24 GL/AU/V								
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.												
INSR		ADDL	SUBR		KEDOC	POLICY EFF	POLICY EXP		LIMITO	,		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	40.0	00,000	
				1			10/01/2024	EACH OCCURRENCE DAMAGE TO RENTE	ED	100		
	CLAIMS-MADE X OCCUR			1				PREMISES (Ea occu	/	<u>φ</u>	00,000	
				L NIA A 0000 400		10/01/2022		MED EXP (Any one p	person)	φ	uded	
Α				NAA0006422				PERSONAL & ADV II	NJURY	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:			1				GENERAL AGGREG	10.00		00,000	
	POLICY PRO- LOC OTHER:							PRODUCTS - COMP		\$ 10,0 \$	00,000	
	AUTOMOBILE LIABILITY			<del></del>			10/01/2024	COMBINED SINGLE	LIMIT	\$ 10,0	00.000	
Α	X ANY AUTO			1		10/01/2022		(Ea accident) BODILY INJURY (Pe		\$	,	
	OWNED SCHEDULED			NAA0006422				BODILY INJURY (Pe		\$		
	AUTOS ONLY AUTOS NON-OWNED			147 (7 10000422				PROPERTY DAMAG	·- '	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB X OCCUP								45.0	00,000		
В	EXOCOUND COCOR			NAE1099-04	10/01/2022	10/01/2024	EACH OCCURRENC	CE	<b>4</b> ΕΩ	00,000		
	OLAIIVIO-IVIADE			NAL 1033-04			10/01/2022	AGGREGATE		φ .	00,000	
_	DED RETENTION \$ WORKERS COMPENSATION							I PER I	1	\$		
	AND EMPLOYERS' LIABILITY Y/N			1						10.0	00,000	
	OT TOUR WILDER EXCEODED:	N/A		NAA0006422		10/01/2022	10/01/2024	E.L. EACH ACCIDEN		40.0	00,000	
	(Mandatory in NH)  If yes, describe under			1				E.L. DISEASE - EA E		φ .	-	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$ 10,0	00,000	
				ı								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
OFFICIAL HOLDER												
For Information Purposes Only						CANCELLATION  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
								1. A. 1				