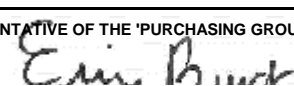


<b>CERTIFICATE OF INSURANCE</b>				DATE (MM/DD/YY) <b>04/02/2018</b>
<b>PRODUCER AND THE NAMED INSURED</b> International Special Events and Recreation Association, Inc. Inc., A Risk Retention Purchasing Group qualified under the Risk Retention Act of 1986; Federal Law 97-45. P.O. Box 469 Sandy, UT 84091-0469 800-321-1441		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.</b>		
<b>INSURED</b> ASG Events  743-A Frederick Road Catonsville , MD 21228		<b>INSURERS AFFORDING COVERAGE</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           INSURER A:            INSURER B:            INSURER C:            INSURER D:            INSURER E:         </div> <div style="width: 50%;">           NOTICE: Coverage is being provided as part of a Master Group Policy issued to members of the International Special Events and Recreation Association, Inc. , a Risk Retention 'Purchasing Group' authorized under the Risk Retention Act of 1986: Federal Law 97-45.         </div> </div>		
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"</b> </div>		<b>Certain Underwriters at Lloyds, London</b>		
<b>COVERAGES</b> The policies of insurance listed below have been issued to the insured named above for the policy 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> <b>Commercial Liability</b> <input checked="" type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Exclude Products <input checked="" type="checkbox"/> Exclude Completed Operations	LAP0348-15040111	4/30/2017	4/30/2018	\$250,000 Per Accident \$2,000,000 Policy Aggregate
<input type="checkbox"/> <b>Commercial Auto Liability</b> Any Auto All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos Drive Away				
<input type="checkbox"/> <b>Commercial Garage Liability</b> G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession Claims Made Exclude Products Exclude Completed Operations				
<input type="checkbox"/> <b>Excess Liability</b> <input type="checkbox"/> Claims Made				
<b>LIMITATION OF COVERAGE FOR ADDITIONAL INSURED</b> Liability Coverage is only provided to the Additional Insured with respect to Accidents otherwise covered under the Policy/Coverage Contract where the Insured is found directly liable and not where the Additional Insured is found independently negligent of the Insured.				
<b>DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS</b> Coverage is limited to only insured activities or operations on the Participant Member Declaration Certificate or as may be separately endorsed. Tents or Canopies - loaned or rented to others, Amusement - Supervised - Scheduled Interactive & Inflatable Game Rental -, Amusement - Dunk Tanks - Each., Amusement - Scheduled Inflatable - Each.				
<input type="checkbox"/> <b>CERTIFICATE HOLDER</b>	<input checked="" type="checkbox"/> <b>ADDITIONAL INSURED</b>		<input type="checkbox"/> <b>LOSS PAYEE</b>	
Patapsco Valley State Park 8020 Baltimore National Pike Ellicott City , MD 21043		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.		
ISERA-F-014 03OCT2005		AUTHORIZED REPRESENTATIVE OF THE 'PURCHASING GROUP' <div style="text-align: right; font-family: cursive;">  </div>		

**ADDITIONAL NAMED INSURED ENDORSEMENT**  
**FOR STATE OR POLITICAL SUBDIVISIONS AND U.S. GOVERNMENT AGENCIES**  
**RCL-99-13**

**This Endorsement changes the terms and conditions of the Coverage Contract issued. Please read it carefully!**

The "Who is a Participating Member?" provision of this Coverage Contract shall include as an additional Named Insured under the Coverage Contract issued, any state, political subdivision, or U.S. government agency so designated in the schedule below ("Additional Named Insured"), subject to the following additional provisions:

1. Coverage applies only to operations performed by or on behalf of the Participating Member for which an Additional Named Insured has issued a permit to the Participating Member, and only with respect to liability arising from the operations of the Participating Member shown on the Participating Member's Declarations Page.
2. No coverage exists for Bodily Injury or Property Damage arising out of operations for which a permit was not issued by an Additional Named Insured.
3. Liability coverage is provided to, and the Insurer has the duty to defend, any Additional Named Insured listed below only with respect to injury, loss, or damage associated with the Participating Member's use and occupancy of State or Federal lands covered by this Coverage Contract.
4. If the Participating Member fails to conduct special permit activities in full compliance with the special representations that are a part of this Coverage Contract, then the Coverage Contract shall nevertheless apply; however, special use permit activities that are not conducted in full compliance with the special representations are subject to an automatic and immediate \$5,000 increase of the Participating Member's Self-Insured Retention.
5. No Endorsements issued after the initial Coverage Contract shall be added to the Coverage Contract without the approval of the Additional Named Insured.
6. The Participating Member may use a participant agreement form approved by the Additional Named Insured. This participating agreement provision supersedes any contrary provision contained in the Policy or any other Endorsement.
7. Should this Coverage Contract be cancelled before the end of its stated term, the Insurer shall give any Additional Named Insured 30 day's prior written notice of such cancellation. If notice to any Additional Named Insured is not provided for any reason, the Participating Member's Coverage Contract will cancel; however, coverage will be provided to any Additional Named Insured through the stated term or until proper notice is delivered.

Master Coverage Contract #      LAP0348

Certificate #      15040111

Participating Member:      ASG Events

Effective Date:      4/2/2018

Date Issued:      4/2/2018

Additional Named Insured - Designation of State, Political Subdivision, or U.S. Government Agency:

Patapsco Valley State Park  
8020 Baltimore National Pike  
Ellicott City, MD 21043

Endorsement #      3