

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/24/2023

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 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).   |                                  |  |                        |                    |                     |                     |                     |                                |   |  |   |               |           |
|---|----------------------------------|--|------------------------|--------------------|---------------------|---------------------|---------------------|--------------------------------|---|--|---|---------------|-----------|
|   | DUCE                             |  |                        |                    |                     |                     |                     | CONTACT<br>NAME: Jackie Hamill |   |  |   |               |           |
| ARA Insurance Services, Inc.<br>11225 College Blvd. STE 250<br>Overland Park KS 66210   |                                  |  |                        |                    |                     |                     |                     |                                | PHONE<br>(A/C, No, Ext): 800-821-6580 FAX<br>(A/C, No): 866-281-2870  |  |   |               |           |
|   |                                  |  |                        |                    |                     |                     |                     |                                | ADDRESS: jhamill@arainsure.com  |  |   |               |           |
|   |                                  |  |                        |                    |                     |                     |                     |                                | INSURER(S) AFFORDING COVERAGE NAIC #  |  |   |               |           |
|   |                                  |  |                        |                    |                     |                     |                     |                                | INSURER A : AXIS Insurance Company  |  |   |               | 37273     |
| INSURED PANJ006000  |                                  |  |                        |                    |                     |                     |                     |                                | INSURER B: WESCO INS CO   |  |   |               | 25011     |
| Party Rental Ltd  |                                  |  |                        |                    |                     |                     |                     |                                |   |  |   |               |           |
| 275 North Street  |                                  |  |                        |                    |                     |                     |                     |                                | INSURER C:  |  |   |               |           |
| Teterboro NJ 07608  |                                  |  |                        |                    |                     |                     |                     |                                | INSURER D:  |  |   |               |           |
|   |                                  |  |                        |                    |                     |                     |                     |                                | INSURER E :   |  |   |               |           |
|   |                                  |  |                        |                    |                     |                     |                     |                                | INSURER F:  |  |   |               |           |
|   |                                  | AGES   | T1 1 A                 |                    |                     |                     | NUMBER: 425687941   | /E DEE!                        | N ICCLIED TO  |  | REVISION NUMBER:                                    | IE DOL        | CV DEDICE |
| 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!   ADDLISUBR!   POLICY EFF   POLICY EXP |                                  |  |                        |                    |                     |                     |                     |                                |   |  |   |               |           |
| INSR<br>LTR   |                                  | TYPE OF INSURANCE  |                        |                    |                     | WVD                 | POLICY NUMBER       |                                | POLICY EFF<br>(MM/DD/YYYY)  | (MM/DD/YYYY)                             | LIMIT   | s             |           |
| Α   | X COMMERCIAL GENERAL LIABILITY   |  |                        |                    |                     | A1PANJ006-037430-02 |                     | 8/19/2023                      | 8/19/2024   | EACH OCCURRENCE                          | \$ 1,000,0  | 000           |           |
|   |                                  | CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- LOC |                        |                    |                     |                     |                     |                                |   |  | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,00 |               | 0         |
|   |                                  |  |                        |                    |                     |                     |                     |                                |   |  | MED EXP (Any one person)                            | \$ 5,000      |           |
|   |                                  |  |                        |                    |                     |                     |                     |                                |   |  | PERSONAL & ADV INJURY                               | \$ 1,000,000  |           |
|   | GEN                              |  |                        |                    |                     |                     |                     |                                |   |  | GENERAL AGGREGATE                                   | \$ 2,000,000  |           |
|   | $\overline{}$                    |  |                        |                    |                     |                     |                     |                                |   |  | PRODUCTS - COMP/OP AGG                              | \$ 2,000,000  |           |
|   | OTHER:                           |  |                        |                    |                     |                     |                     |                                |   | TROBUCTO COMITOT TROC                    | \$  |               |           |
| Α   |                                  |  |                        |                    |                     |                     | A1PANJ006-037430-02 | 8/19/2023                      | 8/19/2023   | 8/19/2024                                | COMBINED SINGLE LIMIT                               | T \$1,000,000 |           |
| A<br>A  | X ANY AUTO                       |  |                        |                    |                     | A7PANJ006-037437-02 |                     | 8/19/2023                      | 8/19/2024   | (Ea accident) BODILY INJURY (Per person) |   |               |           |
|   |                                  | ALL OWNED  |                        | SCHEDULED          |                     |                     |                     |                                |   |  | BODILY INJURY (Per accident)                        | \$            |           |
|   | Х                                | AUTOS  | Х                      | AUTOS<br>NON-OWNED |                     |                     |                     |                                |   |  | PROPERTY DAMAGE                                     | \$            |           |
|   |                                  | HIRED AUTOS  | $\stackrel{\wedge}{-}$ | AUTOS              |                     |                     |                     |                                |   |  | (Per accident)                                      | \$            |           |
| A   | UMBRELLA LIAB X OCCUP A5PANJ006- |  |                        |                    | A5PANJ006-037431-02 | IC 027424 02        |                     | 8/19/2024                      |   |  |   |               |           |
| Α   | Х                                | EXCESS LIAB  | H                      | - 00001            |                     |                     | A3FANJ000-037431-02 |                                | 8/19/2023   | 6/19/2024                                | EACH OCCURRENCE                                     | \$ 10,000     |           |
|   | _                                | EXCESS LIAB  |                        | CLAIMS-MAD         | 4                   |                     |                     |                                |   |  | AGGREGATE   | \$ 10,000     | ,000      |
| B WORKERS COMPENSATION  |                                  |  |                        |                    |                     |                     |                     |                                |   |  | V PER OTH   | \$            |           |
| В   |                                  | AND EMPLOYERS' LIABILITY   |                        |                    |                     | WWC3666829          |                     | 8/19/2023                      | 8/19/2024   | X PER STATUTE OTH-                       |   |               |           |
|   | ANY<br>OFFI                      | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?                  |                        |                    | E.L. EACH ACCIDENT  |                     |                     |                                |   | \$ 1,000,000                             |   |               |           |
|   |                                  | datory in NH)<br>s, describe under   |                        | _                  |                     |                     |                     |                                |   | E.L. DISEASE - EA EMPLOYEE               | . DISEASE - EA EMPLOYEE \$ 1,000,00                 |               |           |
|   | DÈS                              | ÉSCRIPTION OF OPERATIONS below   |                        |                    |                     |                     |                     |                                |   |  | E.L. DISEASE - POLICY LIMIT                         | \$ 1,000,0    | 000       |
| Α   |                                  | Rental Equipment/ Sales Inventory<br>Special Form / Theft                  |                        |                    |                     |                     | A1PANJ006-037430-02 |                                | 8/19/2023   | 8/19/2024                                | Actual Loss Sustained Deductible                    | 10,000        |           |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of Coverage   |                                  |  |                        |                    |                     |                     |                     |                                |   |  |   |               |           |
| CF  | RTIF                             | ICATE HOLDI  | FR                     |                    |                     |                     |                     | CANC                           | ELLATION  |  |   |               |           |
| Party Rental, Ltd.<br>275 North Street<br>Teterboro NJ 7608   |                                  |  |                        |                    |                     |                     |                     |                                | 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 |  |   |               |           |
|   |                                  |  |                        |                    |                     |                     |                     |                                | Sean Hoffman  |  |   |               |           |