

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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. 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).

| PRODUCER MARSH USA INC. | CONTACT Molly Kiley Molly Kiley | | |
|---|---|-------------------|--|
| 1225 17TH STREET, SUITE 1300 | PHONE (A/C, No, Ext): 415-743-8226 FAX (A/C, No): | FAX (A/C, No): | |
| DENVER, CO 80202-5534 | E-MAIL ADDRESS: Molly.Kiley@marsh.com | | |
| Attn: Denver.certrequest@marsh.com | INSURER(S) AFFORDING COVERAGE | NAIC# | |
| CN102108752-NEW-COD2-21-22 | INSURER A : Starr Indemnity & Liability Company | 38318 | |
| INSURED AEG PRESENTS, LLC | INSURER B: | | |
| AEG PRESENTS PRODUCTIONS, LLC | INSURER C: | | |
| ANSCHUTZ ENTERTAINMENT GROUP, INC. AEG PRESENTS SE. LLC | INSURER D: | | |
| 1800 AUSTRALIAN AVENUE SOUTH, SUITE 201 | INSURER E: | | |
| WEST PALM BEACH, FL 33409 | INSURER F: | | |
| COVERAGES CERTIFICATE NUMBER: | DEVISION NUMBED: | | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 | EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EXP | | | | | | | | | |
|------|--|---|------|-----|----------------------------|-------------|--------------|--|----|------------|
| LTR | TR TYPE OF INSURANCE | | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | LIMIT | S | |
| Α | Χ | COMMERCIAL GENERAL LIABILITY | | | 1000100043221 | 03/01/2022 | 03/01/2023 | EACH OCCURRENCE | \$ | 2,000,000 |
| | | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 |
| | | | | | | | | MED EXP (Any one person) | \$ | EXCLUDED |
| | Х | \$100,000 SIR | | | | | | PERSONAL & ADV INJURY | \$ | 2,000,000 |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 20,000,000 |
| | Х | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | | OTHER: | | | | | | | \$ | |
| Α | AUT | TOMOBILE LIABILITY | | | 1000692454221 | 03/01/2022 | 03/01/2023 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | Χ | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ | |
| | Χ | HIRED X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | APPROVED | | | · | \$ | |
| | | UMBRELLA LIAB OCCUR | | | By Danielle Thorpe at 9:01 | am, Mar 02, | 2022 | EACH OCCURRENCE | \$ | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ | |
| | | DED RETENTION\$ | | | | | | | \$ | |
| Α | | RKERS COMPENSATION EMPLOYERS' LIABILITY | | | 100 0004053 (AOS) | 03/01/2022 | 03/01/2023 | X PER OTH- STATUTE ER | | |
| Α | ANY | PROPRIETOR/PARTNER/EXECUTIVE T / N | N/A | | 100 0004052 (FL,MA,TX,AK) | 03/01/2022 | 03/01/2023 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| Α | (Mar | ndatory in NH) | 11,7 | | 100 0004057 (WI) | 03/01/2022 | 03/01/2023 | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | If yes | s, describe under CRIPTION OF OPERATIONS below | | | "See additional page" | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Event:

Date:

CERTIFICATE HOLDER IS AN ADDITIONAL INSURED WITH RESPECT TO THE EVENT AND DATE LISTED ABOVE ON THE GENERAL LIABILITY, AUTO\ LIABILITY, AND UMBRELLA POLICIES IF REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION APPLIES IF REQUIRED BY WRITTEN CONTRACT OR AGREEMENT EXECUTED PRIOR TO LOSS. COVERAGE PROVIDED BY THE ABOVE GENERAL LIABILITY POLICY SHALL BE PRIMARY AND NONCONTRIBUTING IF REQUIRED BY WRITTEN CONTRACT. COVERAGE INCLUDES LOAD-IN AND LOAD-OUT.

| CERTIFICATE HOLDER | 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 of Marsh USA Inc. |
| | Jon Lindstrom |

AGENCY CUSTOMER ID: CN102108752

Loc #: Denver



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

| ADDITIONAL | LKEWP | KKAS SCHEDULE | rage oi |
|--|----------------|-----------------|---------|
| AGENCY MARSH USA INC. | | NAMED INSURED . | |
| POLICY NUMBER | | | |
| CARRIER | NAIC CODE | EFFECTIVE DATE: | |
| ADDITIONAL REMARKS | | | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC | DRD FORM | | |
| FORM NUMBER: 25 FORM TITLE: Certificate of Lia | ability Insura | nce | |
| WORKERS COMPENSATION (CONTINUED): | | | |
| INSURER: Starr Indemnity & Liability Company | | | |
| POLICY NUMBER: 100 0004054 (AZ,CT,IA,NJ,NC,VT) | | | |
| INSURER: Starr Specialty Insurance Company | | | |
| POLICY NUMBER: 100 0004055 (CA) POLICY NUMBER: 100 0004056 (NY) | | | |
| EFFECTIVE DATE: 3/01/2022 | | | |
| EXPIRATION DATE: 3/01/2023 PER STATUTE | | | |
| LIMITS: | | | |
| E.L. EACH ACCIDENT: \$1,000,000 | | | |
| E.L. DISEASE - EA EMPLOYEE: \$1,000,000 E.L. DISEASE - POLICY LIMIT: \$1,000,000 | | | |
| CERTIFICATE HOLDER CONTINUED: | | | |
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