

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)	
9/5/25	

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 NAME:	Jason Williams		
1225 17TH STREET. SUITE 1300	PHONE (A/C, No, Ext):	720-333-8556	FAX (A/C, No):	
DENVER, CO 80202-5534 Attn: Denver.certreguest@marsh.com	E-MAIL ADDRESS:	Jason.A.Williams@marsh.com		
Attit. Deriver certiequest@marsir.com	INSURER(S) AFFORDING COVERAGE			NAIC#
CN102108752-NEW-COD2-21-22	INSURER A : Sta	arr Indemnity & Liability Company		38318
INSURED AEG PRESENTS, LLC	INSURER B :			
AEG PRESENTS PRODUCTIONS, LLC	INSURER C :	8	rittney Di	Van.
ANSCHUTZ ENTERTAINMENT GROUP, INC. AEG PRESENTS SE. LLC	INSURER D :		wing of	un
1800 AUSTRALIAN AVENUE SOUTH, SUITE 201	INSURER E :		0	
WEST PALM BEACH, FL 33409	INSURER F :			

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 LTR		TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Χ	COMMERCIAL GENERAL LIABILITY		1000100043251	03/01/2025	03/01/2026	EACH OCCURRENCE	S	2,000,000
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	S	1,000,000
							MED EXP (Any one person)	S	EXCLUDED
	Χ	\$100,000 SIR					PERSONAL & ADV INJURY	S	2,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	S	20,000,000
	Χ	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						S	
Α	AUT	OMOBILE LIABILITY		1000692454251	03/01/2025	03/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Χ	ANY AUTO					BODILY INJURY (Per person)	S	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	S	
	Χ	HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
		UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	S	
		DED RETENTION \$						S	
Α		RKERS COMPENSATION EMPLOYERS' LIABILITY		100 0004053 (AOS)	03/01/2025	03/01/2026	X PER OTH-		*
Α	ANY	PROPRIETOR/PARTNER/EXECUTIVE TITLE	N/A	100 0004052 (FL,MA,CT,AK)	03/01/2025	03/01/2026	E.L. EACH ACCIDENT	S	1,000,000
A	(Mar	ndatory in NH)	N/A	100 0004057 (WI)	03/01/2025	03/01/2026	E.L. DISEASE - EA EMPLOYEE	S	1,000,000
	If ye	s, describe under CRIPTION OF OPERATIONS below		"See additional page"			E.L. DISEASE - POLICY LIMIT	S	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event: ALL AEG Presents SE, LLC Events - Pompano Beach Amphitheatre Pompano Beach, FL

Date: 3/1/2025 to 3/1/2026

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

Pompano Beach Amphitheatre, the CITY, its officials, officers, its authorized agents, and employees.

Pompano Beach Amphitheatre

100 W Atlantic Blvd., Pompano Beach, FL 33060

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.

dos

AUTHORIZED REPRESENTATIVE

of Marsh USA Inc.

Jon Lindstr

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AGENCY CUSTOMER ID: CN102108752

LOC #: Denver



ADDITIONAL REMARKS SCHEDULE

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MARSH USA INC.	e 3.6	NAMED INSURED
POLICY NUMBER	8 - 40	
CARRIER	NAIC CODE	EFFECTIVE DATE:
ADDITIONAL REMARKS		ELECTIVE DATE.
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM	
FORM NUMBER: 25 FORM TITLE: Certificate of Lia		ince
	•	
WORKERS COMPENSATION (CONTINUED):		
INSURER: Starr Indemnity & Liability Company POLICY NUMBER: 100 0004054 (AZ,IA,NJ,NC,TX,VT)		
INSURER: Starr Specialty Insurance Company		
POLICY NUMBER: 100 0004055 (CA)		
POLICY NUMBER: 100 0004056 (NY) EFFECTIVE DATE: 3/01/2025		
EXPIRATION DATE: 3/01/2026		
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:		
CERTIFICATE FIGURER CONTINUES.		
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