KSCHWAI



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2025

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						CONTACT Lori Koeckenberg					
Robertson Ryan - Mequon 12308 North Corporate Parkway, Suite 600 Mequon, WI 53092						o, Ext): (262) 4		2 FAX (A/C. No):	(262)	478-3260	
					E-MAIL ADDRESS: Ikoeckenberg@robertsonryan.com						
	,				ADDIKE			RDING COVERAGE		NAIC #	
					INSLIDE			RANCE COMPANY		15350	
INSURED					INSURE		JEND INCO	TOTAL COMM PART		10000	
Ray's Growler Gallery LLC 8930 W North Avenue, Suite G					INSURER C:						
Wauwatosa, WI 53226					INSURER D:						
					INSURE						
						INSURER F:					
				NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A DED BY	NY CONTRAC ' THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(WIW/DD/TTTT)	(WIW/DD/1111)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	Х		2132831		9/2/2024	9/2/2025	DAMAGE TO RENTED	\$	300,000	
		^		2102001		3/2/2024	3/2/2020	PREMISES (Ea occurrence)		10,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
								E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
Α	Liquor Liability	Х		2132831		9/2/2024	9/2/2025	Per Occur/Agg Each	<u> </u>	1,000,000	
Cert	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ificate Holder is additional insured for b	Doth (	Genei	101, Additional Remarks Schedu ral Liability and Liquor Lial	ile, may b bility.	e attached if more	e space is requir	ed)			
CERTIFICATE HOLDER					CANCELLATION						
City of Wauwatosa & Its Employees 7725 W North Avenue Wauwatosa, WI 53213						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					Walter June						