



MARKEL INSURANCE COMPANY

MEMBER CERTIFICATE

CERTIFICATE NUMBER: W04233744

DATE: 08/26/2026

THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH THE FOLLOWING:

MASTER POLICY NUMBER: M1RPG0000000801100

FIRST NAMED INSURED (MASTER POLICY HOLDER): Sports, Leisure and Entertainment Risk Purchasing Group

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THE MASTER POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

NAMED INSURED (CERTIFICATE HOLDER)

Name and Mailing Address (No., Street, Town or City, County, State, Zip Code):

Richard Alan Freeman

DBA: Doc Magic LLC

626 Beulah Street, Glendale, CA 91202

Effective Date: 09/08/2026

at 12:01 AM EDT

Expiration Date: 09/08/2027 12:01 AM

This replaces prior Certificate Number:

Plan Administered By

K&K Insurance Group, Inc.

P.O. Box 2338

Fort Wayne IN 46801-2338

Contact Information

Name: MM – Entertainer & Performer

Phone 1-800-328-2317

Fax: 1-260-459-5502

Email: entertainers@kandkinsurance.com

Insurer

Markel Insurance Company

10275 West Higgins Road, Suite 750

Rosemont, IL 60018

Producer Name And Mailing Address

K&K Insurance Group, Inc.

P.O. Box 2338

Fort Wayne, IN 46801-2338

To Report A Claim

By Phone: 1-800-237-2917

By Fax: 1-312-381-9077

By E-mail: KK.Claims@kandkinsurance.com

By Mail K&K Insurance Group, Inc.

P.O. Box 2338

Fort Wayne, Indiana 46801-2338

Online: www.kandkinsurance.com

Description Of Operations, Premises, And Operations

Description Of Operations:

Performing as Magician

Premises And Operations:

Location No.	Address	Operations
	Refer to coverage form MGL1576	

Limits of Insurance

Commercial General Liability

General Aggregate	\$5,000,000	
Products/Completed Operations Aggregate	\$1,000,000	
Personal And Advertising Injury	Excluded	Any One Person or Organization
Each Occurrence	\$1,000,000	
Damage to Premises Rented To You	\$1,000,000	Any One Premises
Medical Expense	\$5,000	Any One Person

Additional Coverages

In addition to the Commercial General Liability coverages shown above, the following additional coverages are provided. If a coverage is not listed below, such coverage, including its corresponding endorsement, does not apply to this Member Certificate.

Limit Of Insurance

Bodily Injury to Participants	\$1,000,000	Each Occurrence
Medical Payments for Participants	\$5,000	

Endorsements

Forms and endorsements applying to this Member Certificate and made part of the policy at time of issue:

Refer to master policy including all state amendatory endorsements applicable to the state of this Member Certificate

This Member Certificate, together with the Coverage Form and any Endorsement(s) attached to the Master Policy, complete the above numbered certificate. Coverage is subject to all terms, conditions, limitations, exclusions, and other provisions contained therein.

Member Certificate Premium

Commercial General Liability Premium: \$216.00

To review the Master Policy: Please send a written request to the Plan Administrator shown above.

Countersigned: 08/26/2026

MCGL 1002 07 21

By:



Date

AUTHORIZED REPRESENTATIVE