



CITY EQUIPMENT LOAN AGREEMENT

1. Request for equipment must be in writing – (10-14 days in advance).
2. All arrangements for pickup and return are responsibility of the user.
3. A form with complete inventory to be signed by user and VCC and returned to VCC on date specified in form.
4. Subject to availability and revocation due to VCC.
5. Limited to certain specific equipment.

The following items are being loaned to: B. Saven Productions - Spencer Mills
Equipment is going to: Rose Garden
Equipment will be used for: Movie production
Is this a City sponsored event: _____

Item	Quantity Out	Quantity In
<u>See attached sheet</u>		

Date loaned: Oct 6, 2025

VCC. Initials _____

Signature

Date

Vicksburg Convention Center Representative

Date and time to be returned _____

Signature

Return Date

Vicksburg Convention Center Representative

All Items returned are in good condition? Yes or No, if no, please explain _____

* Attached Sheet *

PROUDLY MANAGED BY



Venu

Item	Quantity Out	Quantity In
Stage Pieces	12	
Z-Legs	6	
Endcaps	16	
Pins	4	
Z-pines	12	
Steps	2	
Plates	4	
Pipes	3	
Drapes	9	
30x96 Tables	14	
Chairs	60	
Stage Skirts	5	
Rails	3	
Plates	16	
Pole	16	
Pipes	15	
Drapes	50	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/30/2025

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 Msurance 160 E Peace Street Canton MS 39046	CONTACT NAME: Charles McLean PHONE (A/C, No, Ext): (601) 391-3271 E-MAIL ADDRESS: marlie@msurance.org FAX (A/C, No): (601) 391-3498
INSURED Before Daylight South, LLC "Before Daylight" 1003 Grand Ave. Lena MS 39094	INSURER(S) AFFORDING COVERAGE INSURER A: Beazley Excess and Surplus Ins Inc INSURER B: AmFed National INSURER C: INSURER D: INSURER E: 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		D3AA6C250101	09/26/2025	09/26/2026	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			D3AA6C250101	09/26/2025	09/26/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Auto Physical damage \$ \$250,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N n	N/A	51494395	09/24/2025	11/05/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
A	Miscellaneous Rented/Leased Equipment			D3AA5C250101	09/26/2025	09/26/2026	Total Limit \$1,250,000 Deductible per claim \$2,500


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

Project - "Before Daylight"

The Board of Mayor & Aldermen of the City of Vicksburg, Willis T. Thompson, Thomas J. Mayfield and Vickie Y. Bailey individually, City of Vicksburg, city employees are additional insured.

Cancellation requires a 30 day notice of cancellation.

CERTIFICATE HOLDER**CANCELLATION**

City of Vicksburg PO Box 150 Vicksburg MS 39181	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 
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Msurance		NAMED INSURED Before Daylight South, LLC "Before Daylight"	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Rented/ Leased Equipment \$ 1,250,000 limit; \$2,500 deductible.
 Props/ Sets/ Wardrobe \$250,000 limit; \$2,500 deductible.
 Hired and Non-Owned Auto Physical Damage limit of \$250,000; \$5,000 deductible

 Media Coverage \$2,000,000; Delcared Cast \$ 2,000,000