CERTIFICATE OF LIABILITY INSURANCE

DATE
4/16/2018

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
Cossio Insurance Agency
PO Box 5987
Greenville, SC 29606
(864) 688-0121

Contact Name:	Larry Cossio		
Phone (A/C, No, Ext):	(864) 688-0121	**Fax (A/C, No):**	
E-Mail:	jovan@cossioinsurance.com		

INSURED
River Valley Bounce Houses Ltd.
1810 Grand Avenue
Canon City, CO 81212

INSURER(S) AFFORDING COVERAGE		**NAIC #**
INSURER A:	NATIONWIDE MUTUAL INS CO	23787
INSURER B:	Berkley Life & Health Insurance Company	64890
INSURER C:		
INSURER D:		
INSURER E:		

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 POLICY	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** ☐ ☐ CLAIMS MADE ☒ OCCUR ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER X POLICY ☐ PROJECT ☐ LOC ☐ OTHER:			TBD	5/20/2018	5/20/2019	General Agg (Other than Products-Co Each Occurrence Products and Completed Operations Personal and Advertising Injury Legal Liability to Participants Professional Liability (for Event Plann Damages to Premises Rented to You Participant Accident - Excess Medical Deductible	$5,000,000 $1,000,000 $1,000,000 $1,000,000 $1,000,000 $1,000,000 $300,000 $10,000 None
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ ☐						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per Person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE ☐ OTH-ER	
B	Accident Medical			PAI L012010023102	5/20/2018	5/20/2019	Accident Medical Deductible Benefit Period Benefit Maximum Applies During Applies To	$100 52 weeks $500,000 per Covered Accident Death & Dismemberment Benefits only

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Party Equipment Rentals Operations located at 1810 Grand Avenue Canon City, CO 81212. Verification of Insurance Only

CERTIFICATE HOLDER:
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Canon City, CO 81212

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

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