

Liberty United Insurance Services, Inc

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/19/2020

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). CONTACT NAME:

Sam Muradyan

	i inerty United insurance	Ser	VICE	es inc	INCHIE.						
Tiberty United Insurance Services, Inc 704 S Victory Blvd, Suite 204 Burbank, CA 91502 License #: 0F89841						PHONE (A/C, No, Ext): 8187618888 FAX (A/C, No): 8882656889					
						E-MAIL ADDRESS: sam@libertyunitedinsurance.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A: Certain underwriters at Lloyds					
						INSURER B:					
Big Bounce Fun House Rentals, LLC						INSURER C:					
3583 E. State Rd. 240						INSURER D:					
Greencastle, IN 46135						INSURER E:					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 00002898-26					8779			REVISION NUMBER:	57		
INDICA CERTI EXCLU	S TO CERTIFY THAT THE POLICIES (ATED. NOTWITHSTANDING ANY REC FICATE MAY BE ISSUED OR MAY PE JSIONS AND CONDITIONS OF SUCH	QUIRI RTAI POLI	EMEN N, TH CIES.	IT, TERM OR CONDITION OF E INSURANCE AFFORDED I LIMITS SHOWN MAY HAVE	F ANY C BY THE	CONTRACT OR POLICIES DES REDUCED BY	R OTHER DOC SCRIBED HER PAID CLAIMS	UMENT WITH RESPECT TO REIN IS SUBJECT TO ALL T	O WHIC	H THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A X	COMMERCIAL GENERAL LIABILITY			ZISMB1210		06/18/2020	06/18/2021	EACH OCCURRENCE	\$	1,000,000	
	X CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$	1,000,000	
GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000	
X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	5,000,000	
	OTHER:								\$		
AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	RKERS COMPENSATION							PER OTH- STATUTE ER			
ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDENT	\$		
	ICER/MEMBER EXCLUDED?	N/A	1					E.L. DISEASE - EA EMPLOYEE	\$		
	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	ed)			
CERTIF	FICATE HOLDER				CANO	CELLATION					
Insured's Copy						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					

(CER)