

## **CERTIFICATE OF LIABILITY INSURANCE**

04/102014

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 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)

certificate holder in lieu of such endor		-		iluoise	illelli. A Stat	ternerit on th	is certificate does no	or conner	rigitis to the	
PRODUCER	CONTACT Sam Muradyan									
LIBERTY UNITED INSURANCE SERVICES, INC. 6005 N VINELAND AVE SUITE 203					PHONE (A/C, No, Ext): 818-761-8888 FAX (A/C, No): 818-761-8878 E-MAIL ADDRESS:					
					NORTH HOLLYWOOD			CA 91606	INSURE	
NSURED Hocking Hills Inflatables					INSURER B:					
					INSURER C:					
					INSURER D:					
28999 Starr Route Road				INSURER E :						
Logan, OH 43138	С	ERI	" # USP148723	INSURE	RF:					
			NUMBER:				REVISION NUMBER			
THIS IS TO CERTIFY THAT THE POLICIE: INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RES D HEREIN IS SUBJECT	SPECT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	ı	IMITS		
GENERAL LIABILITY	IIIOIX						EACH OCCURRENCE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1,000,000	
COMMERCIAL GENERAL LIABILITY			SRPGP-101-0414		04/04/2014	04/04/2015	DAMAGE TO RENTED PREMISES (Ea occurrence		300,000	
CLAIMS-MADE OCCUR							MED EXP (Any one person		5,000	
A	x						PERSONAL & ADV INJURY	/ \$ :	1,000,000	
							GENERAL AGGREGATE	\$ 2	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP A	gg \$ 2	2,000,000	
POLICY PRO- JECT LOC								\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per perso	on) \$		
ALL OWNED SCHEDULED AUTOS NOT SCHEDULED AUTOS							BODILY INJURY (Per accid			
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED   RETENTION \$   WORKERS COMPENSATION							WC STATU- C	TH-		
AND EMPLOYERS' LIABILITY Y / N							TORY LIMITS	ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLO			
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LII	MIT   \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)				
			,		,	,				
CERTIFICATE HOLDER					CANCELLATION					
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					

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