

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/28/2022

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						CONTACT Tony Cannizzaro					
First Commercial Insurance Agency						PHONE (206) 775 1701 FAX (206) 775 2666					
P.O. Box 295						E-MAIL :					
F.O. Box 293						ADDITION.					
Connedera FI 22706						INSURER(S) AFFORDING COVERAGE  INSURER A: CERTAIN UNDERWRITERS AT LLOYD'S, LONDO!					
Cassadaga FL 32706 INSURED											
						INSURER B:					
Jumpingwithus, LLC					INSURER C:						
2612 BOWMAN HWY					INSURER D:						
PO BOX 36			CA 20024			INSURER E :					
DEWY ROSE GA 30634					INSURER F:					<b>.</b>	
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.										WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000	
	X CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	,000	
	X 3 year extended reporting form								\$ 0		
Α				ZISMB1806		03/13/2022	03/13/2023	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	·	
	OTHER:							Participant Accident po	\$ 25,0		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 0	-	
	ANY AUTO							BODILY INJURY (Per person)	\$ 0		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$ 0		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$ 0		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ 0		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 0		
	- SYSTEM - OCCUR								\$ 0		
	CLAIIVIS-WIADI	1						AGGREGATE	\$ 0		
	DED   RETENTION \$   WORKERS COMPENSATION							PER OTH- STATUTE ER	0		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									\$ 0		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE			
If yes, describe under											
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 0		
DES	│ CRIPTION OF OPERATIONS / LOCATIONS / VEHIO	LES (	ACORE	) 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requir	red)			
Am	usement device, concession, table, ten	t and	chair	rentals				•			
CE	CERTIFICATE HOLDER										
CERTIFICATE HOLDER CANCELLATION											
Jumpingwithus, LLC						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
2612 BOWMAN HWY					AUTHORIZED REPRESENTATIVE						
Dewey Rose GA 30334					anthony amount						