	ACORD CERTIF			E OF I	LIAB	ILI ⁻	ry In	ISURA	NCE	DAT 5/22/2	
CE BE RE IM	IS CERTIFICATE IS ISSUED AS A MATTER (ERTIFICATE DOES NOT AFFIRMATIVELY OR LOW. THIS CERTIFICATE OF INSURANCE D PRESENTATIVE OR PRODUCER, AND THE PORTANT: If the certificate holder is an ADD SUBROGATION IS WAIVED, subject to the te s certificate does not confer rights to the ce	NEGA OES N CERTI ITION rms ar	TIVEL NOT CO FICATI AL INS	Y AMEND, EX DNSTITUTE A E HOLDER. URED, the po ditions of the	(TEND OR CONTRAC Dlicy(ies) m policy, cer	ALTER CT BET	R THE CO WEEN TH ve ADDIT plicies ma	VERAGE AFFO HE ISSUING INS	RDED BY THE POLIS SURER(S), AUTHORI	CIES ZED ndorsed.	
PROD	5	lincal	enolu	er in neu or st	Contact N		Larry Co	ossio			
Cossio Insurance Agency					Phone		(864) 688-0121 Fax				
					(A/C, No, E E-Mail:	xt):	(A/C, No): taylor@cossioinsurance.com				
									ORDING COVERAGE		NAIC #
INSURED					INSURE	INSURER A:		Nationwide Mutual Insurance Company			
Ultimate Fun LLC dba Ultimate Inflatables 629 West 200 South					INSURE	RB:	Berkley Life & Health Insurance Company			64890	
American Fork, UT 84003						INSURER C:					
				INSURER D:							
					INSURE	RE:					
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 PEF INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T 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.									THIS		
INSR LTR	TYPE OF POLICY	ADDL INSR	SUBR WVD	POLICY N	UMBER		ICY EFF I/DD/YY)			LIMITS	
	χ COMMERCIAL GENERAL LIABILITY					,	(General Agg (Other	than Products-C	\$5,000,000
A	CLAIMS MADE X OCCUR	x		TBD		5/2	6/2019	5/26/2020	Each Occurrence Products and Completed Operations Personal and Advertising Injury Legal Liability to Participants Professional Liability (for Event Plan Damages to Premises Rented to You Participant Accident - Excess Medica Deductible		\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$300,000 \$10,000 \$0
									COMBINED SINGLE (Ea accident)	LIMIT	\$
									BODILY INJURY (Per Person)		\$
	L AUTOS L AUTOS								BODILY INJURY (Per	accident)	\$
									PROPERTY DAMAGE (Per accident)		\$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$										
	WORKERS COMPENSATION								PER	OTH-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A							STATUTE	ER	
В	Accident Medical			PAI L012010574102		5/2	6/2019	5/26/2020	Accident Medical Deductible Benefit Period Benefit Maximum Applies During per Cove Applies To Death & Dismemberment f		\$100 52 weeks \$500,000 vered Accident Benefits only
Party holder	RIPTION OF OPERATIONS / LOCATIONS / V Equipment Rentals Operations located at 629 V is added as an additional insured, but only for ement devices on file with company for special	/est 20 iability	0 Sout	h American Fo d, in whole or i	ork, UT 840 n part, by th	03. Ce ne acts	rtificate Ho or omissi	older is listed as ons of the name	hed if more space is additional insured pe d insured	required) r form CG2011. T	
CERTIFICATE HOLDER:						CANCELLATION					
					THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
ACOF	2D 25 (2016/03)	The A	CORI	D name and	logo are	regist	ered ma	© 1988-2015 rks of ACORE	5 ACORD CORPOI	¢ RATION. All rig	nts reserved