

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2018

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 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).

<p><b>PRODUCER</b></p> <p style="font-size: 2em; opacity: 0.5; text-align: center;">CONFIDENTIAL</p>	<p><b>CONTACT NAME:</b>  <b>PHONE (A/C, No. Ext):</b>  <b>E-MAIL:</b>  <b>ADDRESS:</b></p> <p style="font-size: 2em; opacity: 0.5; text-align: center;">CONFIDENTIAL</p>
<p><b>INSURED</b></p> <p>Arizona Bounce Around              1717 N 77th Street              Suite 20              Scottsdale AZ 85257</p>	<p><b>INSURER(S) AFFORDING COVERAGE</b></p> <p><b>INSURER A:</b> CONFIDENTIAL</p> <p><b>INSURER B:</b></p> <p><b>INSURER C:</b></p> <p><b>INSURER D:</b></p> <p><b>INSURER E:</b></p> <p><b>INSURER F:</b></p>

**COVERAGES** **CERTIFICATE NUMBER: 18-19 Master** **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 INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD/PI&AI \$5,000 Ded Per Claim	<input checked="" type="checkbox"/>	CA000029468-01	1/24/2018	1/24/2019	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					MED EXP (Any one person) \$ excluded
	<b>AUTOMOBILE LIABILITY</b>					PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				GENERAL AGGREGATE \$ 2,000,000
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE				COMBINED SINGLE LIMIT (Ea accident) \$
	DED RETENTION \$					BODILY INJURY (Per person) \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N				BODILY INJURY (Per accident) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A			PROPERTY DAMAGE (Per accident) \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					\$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is included as additional insured with respect to General Liability coverage if required by written contract or agreement.

<p><b>CERTIFICATE HOLDER</b></p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> <p style="font-size: 2em; opacity: 0.5; text-align: center;">CONFIDENTIAL</p>
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