



CERTIFICATE OF LIABILITY INSURANCE

DATE
10/24/2017

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).

PRODUCER Cossio Insurance Agency PO Box 5987 Greenville, SC 29606 (864) 688-0121	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Contact Name: Larry Cossio</td> </tr> <tr> <td>Phone (A/C, No, Ext): (864) 688-0121</td> <td>Fax (A/C, No):</td> </tr> <tr> <td colspan="2">E-Mail: chelsea@cossioinsurance.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: NATIONWIDE MUTUAL INS CO</td> <td style="text-align: right;">NAIC # 23787</td> </tr> <tr> <td>INSURER B: Berkley Life & Health Insurance Company</td> <td style="text-align: right;">64890</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	Contact Name: Larry Cossio		Phone (A/C, No, Ext): (864) 688-0121	Fax (A/C, No):	E-Mail: chelsea@cossioinsurance.com		INSURER(S) AFFORDING COVERAGE		INSURER A: NATIONWIDE MUTUAL INS CO	NAIC # 23787	INSURER B: Berkley Life & Health Insurance Company	64890	INSURER C:		INSURER D:		INSURER E:	
Contact Name: Larry Cossio																			
Phone (A/C, No, Ext): (864) 688-0121	Fax (A/C, No):																		
E-Mail: chelsea@cossioinsurance.com																			
INSURER(S) AFFORDING COVERAGE																			
INSURER A: NATIONWIDE MUTUAL INS CO	NAIC # 23787																		
INSURER B: Berkley Life & Health Insurance Company	64890																		
INSURER C:																			
INSURER D:																			
INSURER E:																			
INSURED Jump and Slide, Inc. 2650 Pleasantdale Road Suite 14 Atlanta, GA 30340																			

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.

INSR LTR	TYPE OF POLICY	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			FWC0000028534200	11/2/2017	11/2/2018	General Agg (Other than Products-C) \$5,000,000 Each Occurrence \$1,000,000 Products and Completed Operations \$1,000,000 Personal and Advertising Injury \$1,000,000 Legal Liability to Participants \$1,000,000 Professional Liability (for Event Plann \$1,000,000 Damages to Premises Rented to You \$300,000 Participant Accident - Excess Medica \$10,000 Deductible \$0
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
B	Accident Medical			PAI L01200R168602	11/2/2017	11/2/2018	Accident Medical Deductible \$100 Benefit Period 52 weeks Benefit Maximum \$500,000 Applies During per Covered Accident Applies To Death & Dismemberment Benefits only

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Party Equipment Rentals Operations located at 2650 Pleasantdale Road Suite 14 Doraville, GA 30340. Verification of Insurance Only

CERTIFICATE HOLDER:	CANCELLATION
Verification of Insurance	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