

## If you have a vendor providing Bounce Houses or Amusement Rides they will need to provide a separate certificate of insurance

	ACORD CER	TIFIC	ATE OF LIA	BILITY IN	ISURA	ANCE	DATE (MM/DD	2000 CO		
	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER,	A MATTER TIVELY O NSURANCI AND THE O	OF INFORMATION ONL R NEGATIVELY AMEND E DOES NOT CONSTITU CERTIFICATE HOLDER.	Y AND CONFERS D, EXTEND OR ALI THE A CONTRACT	NO RIGHTS TER THE CO BETWEEN	UPON THE CERTIFIC OVERAGE AFFORDED THE ISSUING INSURE	BY THE PO	R. THIS DLICIES DRIZED		
Insurance Agent's Name & Address	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).									
	ABC Insurance Agency 1234 Insurance Street	CONTACT Imma Professional PHONE PHONE PAGE (AG, No): 972-555-5556 ADDRESS: imma.professional@ABCInsurance.com INSURERSI AFFORDING COVERAGE								
vent Holder/Organization's	Grand Prairie	~	WAIC P							
rent Holder/Organization's	DEF Contractor Additional Insured and			INSURER A: A.M. Best A VIII or Better Insurance Carrier INSURER B: A.M. Best A VIII or Better Insurance Carrier				Carrier N		
Name & Address	5678 Contractor Street	Waiver	of Subrogation			etter Insurance Carrier etter Insurance Carrier				
	Grand Prairie	TX 🏻	75051	INSURER E :	SCA VIII OI B	etter insurance Camer				
	COVERAGES CE	RTIFICA	E NUMBER:	INSURER F :	······································	REVISION NUMBER:		1		
	THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIRE ME PERTAN.	PRANCE LISTED BELOW HAS BE	AVE BEEN ISSUED TO I OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	O THE INSUR T OR OTHER ES DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR DOCUMENT WITH RESP ED HEREIN IS SUBJECT	THE POLICE ECT TO W TO ALL TI	Certificate limit		
Certificate Body –	INSR LTR TYPE OF INSURANCE GENERAL LIABILITY	ADD INSR /D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI				
coverages	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  A  GEN'L AGGREGATE LIMIT APPLIES PER:	×	123456789	01/01/2018	01/01/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2.000,000			
	POLICY X PRO: LOC  AUTOMOBILE LIABILITY  X ANY AUTO  AUTOS	xx	987654321	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (E8 accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	s s 1,000,000 s s s			
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADI	EXX	1122334455	01/01/2018	01/01/2019	EACH OCCURRENCE AGGREGATE	\$ 9,000,000 \$ 9,000,000			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in Nih)	N/A   ×	5544332211	01/01/2018	01/01/2019	X WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	s 1.000,000			
Event Description & Primary & Non-	If yes, describe under DESCRIPTION OF OPERATIONS below  This space used for any other type of insurance required by the contract, ie: Professional Liability; Builders Risk		154321	01/01/2018	01/01/2018	E.L. DISEASE - POLICY LIMIT Limits Required by Conti		*		
Contributory Language	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL DESCRIPTION of Operation/Contract Number/	CLES (Attach	ACORD 101, Additional Remarks	Schedule, if more space is	required)					
3	The coverage shown above is primary and			any other insurance	carried by or	r for the benefit of Additio	nal insureds.			
he City's name and Full										
Address as Certificate	CERTIFICATE HOLDER			CANCELLATION	***************************************					
Holder Holder	City of Grand Prairie 318 W Main St.			SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	THE ABOVE D N DATE THI TH THE POLIC	PESCRIBED POLICIES BE EREOF, NOTICE WILL Y PROVISIONS.	BE DELIVER	EFORE ED IN		
	Grand Prairie	т	× 75050	AUTHORIZED REPRESE	PLATIVE					





## Certificate of Insurance from Bounce House/ Ride Vendor

	CERI	ITIC	A I E OF LIA	RILLAIN	ISURA	INCE	09/10/18	***			
Insurance Agent's Name &	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	SURANCE	DOES NOT CONSTITU				ATE HOLDER.				
Address	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 ABC Insurance Agency	CONTACT Imma Professional									
	1234 Insurance Street		PHONE (A/C, No. Ext): 972-555-5555 (A/C, No): 972-555-55								
<b>Bounce House or</b>				ADDRESS: imma.pro	fessional@A	BCInsurance.com RDING COVERAGE					
	Grand Prairie TX	75052	•		NA	!					
Amusement Ride Vendor's	INSURED DEF Contractor	Ad	ditional Insured and	INSURER R : A.M. BE	est A VIII or B	etter Insurance Carrier etter Insurance Carrier		Carrier N			
Name & Address	5678 Contractor Street					etter Insurance Carrier		1			
Name & Address	SO/O COMITACION STREET	Wa	niver of Subrogation			etter Insurance Carrier					
	Grand Prairie	1x	75051	INSURER E :							
				INSURER F :				Certifi			
	COVERAGES CERT	TIFICAT	NUMBER:			REVISION NUMBER:		Certin			
Certificate Body –	THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH INTERNATIONS.	PERTAL POLITIES	NUMBER: RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACTED BY THE POLICIES BEEN REDUCED BY	O THE INSUR T OR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESP ED HEREIN IS SUBJECT	THE POLICY PER ECT TO WHICH TO ALL THE TER	Body -l			
All coverages shown	LTR TYPE OF INSURANCE GENERAL LIABILITY	ADDL INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI					
All coverages shown						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1.000,000				
	CLAIMS-MADE X OCCUR	XX					\$ 100,000				
	A COMMS-MADE A OCCUR		123456789	01/01/2018	04/04/2040	MED EXP (Any one person)	s 5,000				
	***************************************		120400700	01/01/2018	01/01/2019	PERSONAL & ADV INJURY	\$ 1,000,000				
-	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 2.000,000				
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000				
	AUTOMOBILE LIABILITY  X ANY AUTO	××				COMBINED SINGLE LIMIT (Es accident) BODILY INJURY (Per person)	s 1.000,000 s				
	B ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED		987654321	01/01/2018	01/01/2019	BODILY INJURY (Per accident)	\$				
	× HIRED AUTOS × NON-OWNED AUTOS		Total magazine construction and adjustment of the construction of		0020.0	PROPERTY DAMAGE (Per accident)	5				
	X UMBRELLA LIAB X OCCUR						\$				
	C EXCESS LIAB CLAIMS-MADE	××	1122334455	01/01/2018	01/01/2019	EACH OCCURRENCE	s 9,000,000				
	DED RETENTIONS		1122054455			AGGREGATE	s 9,000,000				
	WORKERS COMPENSATION					X WC STATU- OTH-	\$				
ent Description & Primary	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?	N/A X	5544332211	01/01/2018	01/01/2019	E.L. EACH ACCIDENT					
& Non-Contributory	(Mandatory in NH)	NIAIA	3344332211			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000				
The second secon	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		-			
Language	This space used for any other type of insurance required by the contract, ie: Professional Liability; Builders Risk		154321	01/01/2018	01/01/2018	Limits Required by Contr					
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach A	ACORD 101, Additional Remarks	Schedule, if more space is	convicad)	L					
	Description of Operation/Contract Number/Re	eference li	nformation/Dates	ornana, n mara space n	required)						
	The coverage shown above is primary and is not additional to or contributing with any other insurance carried by or for the benefit of Additional Insureds.										
								I			
nt Holder or Organization	CERTIFICATE HOLDER			CANCELLATION							
Name & Address				SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	THE ABOVE D DATE THI TH THE POLIC	DESCRIBED POLICIES BE OF EREOF, NOTICE WILL BY PROVISIONS.	CANCELLED BEFO	ORE IN			
		TX	K 75050	AUTHORIZED REPRESE	NTATIVE			_			
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