

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 09/10/18

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).

Insurance Agent's Name & Address

PRODUCER
 ABC Insurance Agency
 1234 Insurance Street

CONTACT NAME: Imma Professional
 PHONE (A/C, No. Ext): 972-555-5555 FAX (A/C, No.): 972-555-5556
 E-MAIL ADDRESS: imma.professional@ABCInsurance.com

Event Holder/Organization's Name & Address

Grand Prairie TX 75001
 INSURED
 DEF Contractor
 5678 Contractor Street
 Grand Prairie TX 75051

Additional Insured and Waiver of Subrogation

INSURER(S) AFFORDING COVERAGE
 INSURER A: A.M. Best A VIII or Better Insurance Carrier
 INSURER B: A.M. Best A VIII or Better Insurance Carrier
 INSURER C: A.M. Best A VIII or Better Insurance Carrier
 INSURER D: A.M. Best A VIII or Better Insurance Carrier
 INSURER E:
 INSURER F:

Carrier Names

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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Certificate Body - coverages

INSURER	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	123456789	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> <input checked="" type="checkbox"/>	987654321	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS					
C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	1122334455	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000
	DED RETENTIONS					
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	5544332211	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	A This space used for any other type of insurance required by the contract, ie: Professional Liability; Builders Risk					

Certificate Body - limits

Event Description & Primary & Non-Contributory Language

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Description of Operation/Contract Number/Reference Information/Dates
 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.

The City's name and Full Address as Certificate Holder

CERTIFICATE HOLDER
 City of Grand Prairie
 318 W Main St.
 Grand Prairie TX 75050

CANCELLATION
 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
[Signature]



Certificate of Insurance from Bounce House/ Ride Vendor



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Insurance Agent's Name & Address



Bounce House or Amusement Ride Vendor's Name & Address



Additional Insured and Waiver of Subrogation

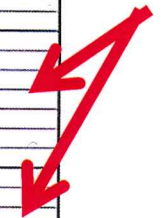
Carrier Names



Certificate Body - All coverages shown



Certificate Body-limits



Event Description & Primary & Non-Contributory Language



Event Holder or Organization Name & Address



PRODUCER ABC Insurance Agency 1234 Insurance Street Grand Prairie TX 75052		CONTACT NAME: Imma Professional PHONE (A/C, No., Ext): 972-555-5555 FAX (A/C, No.): 972-555-5556 E-MAIL: imma.professional@ABCInsurance.com INSURER(S) AFFORDING COVERAGE	
INSURED DEF Contractor 5678 Contractor Street Grand Prairie TX 75051		INSURER A : A.M. Best A VIII or Better Insurance Carrier INSURER B : A.M. Best A VIII or Better Insurance Carrier INSURER C : A.M. Best A VIII or Better Insurance Carrier INSURER D : A.M. Best A VIII or Better Insurance Carrier INSURER E : INSURER F :	

INSUR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	987654321	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	1122334455	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	5544332211	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	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 Contract

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Description of Operation/Contract Number/Reference Information/Dates
 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.

CERTIFICATE HOLDER TX 75050	CANCELLATION 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
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