



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/24/2025

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	CONTACT NAME:	
CONFIDENTIAL	PHONE (A/C, No, E):	69
	E-MAIL ADDRESS:	
	INSURER A	
	INSURER E	
	INSURER C:	
INSURED	INSURER D:	
Arizona Bounce Around, Inc.	INSURER E:	
2520 W Encanto Blvd.	INSURER F:	
Phoenix AZ 85009		

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 INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			CSU0224249	1/26/2025	1/26/2026	EACH OCCURRENCE	\$ 1,000,000			
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000			
	<input type="checkbox"/>							MED EXP (Any one person)	\$ Excluded			
	<input type="checkbox"/>							PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000			
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT				<input type="checkbox"/>	LOC	PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/>	OTHER:								\$		
		AUTOMOBILE LIABILITY										COMBINED SINGLE LIMIT (Ea accident)
<input type="checkbox"/>		ANY AUTO			BODILY INJURY (Per person)	\$						
<input type="checkbox"/>		ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS	BODILY INJURY (Per accident)	\$						
<input type="checkbox"/>		HIRED AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	\$						
<input type="checkbox"/>						\$						
<input type="checkbox"/>						\$						
	UMBRELLA LIAB			OCCUR				EACH OCCURRENCE	\$			
	EXCESS LIAB			CLAIMS-MADE				AGGREGATE	\$			
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$					\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							<input type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y / N	<input type="checkbox"/>				N / A	E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$			
								E.L. DISEASE - POLICY LIMIT	\$			
B	Commercial General Liability (Specified Equipment)				ZISMB2691	1/26/2025	1/26/2026	General Aggregate	2,000,000			
							Each Occurrence	1,000,000				

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

CERTIFICATE HOLDER

CANCELLATION

For Information Purposes Only
Arizona Bounce Around, Inc.
2520 W Encanto Blvd.
Phoenix, AZ 85009

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

CONFIDENTIAL

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