

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

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| <p>Name Of Additional Insured Person(s) Or Organization(s): City Of Poway 13325 Civic Center Drive Poway, CA 92064</p> <p>Re: Special event(s) dated 03/01/2018 to 02/28/2019, located at 13325 Civic Center Drive, Poway, CA 92064.</p> <p>The city, state or governmental agency or subdivision shown in the Schedule is subject to the following provision:</p> <p>1. This insurance applies only with respect to operations performed by you or on your behalf for which the city, state or governmental agency or subdivision has issued a permit or authorization.</p> <p>Coverage does not extend to the negligence or errors & omissions of the additional insured.</p> |
| <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p> |

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. In the performance of your ongoing operations; or
- 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



CERTIFICATE OF LIABILITY INSURANCE

DATE
2/21/2018

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).

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|---|--------------------------------------|---|----------------|---------------|
| PRODUCER Cossio Insurance Agency PO Box 5987 Greenville, SC 29606 (864) 688-0121 | Contact Name: | Larry Cossio | | |
| | Phone (A/C, No, Ext): | (864) 688-0121 | Fax (A/C, No): | |
| | E-Mail: | tammy@cossioinsurance.com | | |
| INSURED Robert Morgan DBA San Diego Jumpmasters 13461 Cool Lake Way San Diego, CA 92128 | INSURER(S) AFFORDING COVERAGE | | | NAIC # |
| | INSURER A: | NATIONWIDE MUTUAL INS CO | | 23787 |
| | INSURER B: | Berkley Life & Health Insurance Company | | 64890 |
| | INSURER C: | | | |
| | INSURER D: | | | |
| | INSURER E: | | | |

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: | X | | FWC0000028652000 | 3/1/2018 | 3/1/2019 | 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 Medical \$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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | PER STATUTE OTH-ER | | |
| B | Accident Medical | | | PAI L012010119201 | 3/1/2018 | 3/1/2019 | 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 13461 Cool Lake Way San Diego, CA 92128. Certificate Holder is listed as additional insured per form CG2026. The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured
Amusement devices on file with the company for special event(s) dated 03/01/2018 to 02/28/2019, located at 13325 Civic Center Drive, Poway, CA 92064.

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| CERTIFICATE HOLDER: | CANCELLATION |
| City of Poway 13325 Civic Center Drive Poway, CA 92064 | 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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