

CERTIFICATE OF LIABILITY INSURANCE

DATE 5/15/2013

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 endorseme	ent(s).			_		
PRODUCER		Contact Name:	Guy LaLonde			
Cossio Insurance Agency PO Box 188		Phone (A/C, No, Ext):	8632865922	2865922 Fax (A/C, No): 8639379770		
Simpsonville, SC 29681 (864) 688-0121		E-Mail:	guy3@lakelandmoonwalk.com			
		INSURER(S) AFFORDING COVERAGE				
INSURED Lakeland Moonwalk Of Polk County Inc dba 1200 Shadow Drive Lakeland, FL 33810	c dba Lakeland Moonwalk	INSURER A:	NATIONWIDE MUTUAL INS. C			
		INSURER B:				
		INSURER C:				
		INSURER D:				
		INSURER E:				
COVEDAGES	CEDTIFICATE NILIMBED:	1672150	DEVISION N	I IMPED.	,	

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	
Α	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC	X		6B FWC 256845-00	12/29/2012	12/29/2013	Terrorism Each Occurrence General Agg (Other than Products- Products and Completed Operations Personal and Advertising Injury Legal Liability to Participants Damages to Premises Rented to Yo Deductible Medical Expense (other than particip	Included \$1,000,000 \$5,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$300,000 None Excluded
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per Person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATU- TORY LIMITS ER	

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

Party Equipment Rentals Operations located at 1200 Shadow Dr Lakeland, FL 33810. Certificate Holder is listed as additional insured per form CG2011. COVERAGE DOES NOT EXTEND TO THE NEGLIGENCE OR ERRORS & OMISSIONS OF THE ADDITIONAL INSURED

Amusement devices on file with the company for special event(s) dated 5/18/2013 to 5/18/2013 event for Ryan and Cindy Duke located at 4225 Morgan Creek Parkway, Lakeland, FL 33811.

CERTIFICATE HOLDER:	CANCELLATION
Morgan Creek Preserve Residents Association 4225 Morgan Creek Parkway Lakeland, FL 33811	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