

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/28/2019

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

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).										on	
PRODUCER						CONTACT David Wash					
Zodiac Insurance Services, Inc.					PHONE (856) 396-6500 FAX						
62 Tuckerton Road					(A/C, No, Ext): (A/C, No): E-MAIL dwash@zodiacinsurance.com						
						INSURER(S) AFFORDING COVERAGE NAIC #					
Shamong NJ 08088					INSURER A: Certain Underwriters at Lloyd's of London (Beazley lead)				15642		
INSURED					INSURER B: US Fire				21113		
Xtreme Fun Corp.					INSURER C:						
2382 Camino Vida Roble Ste. 1					INSURE	RD:					
					INSURER E :						
	Carlsbad			CA 92011	INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL185805808						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 POLICY EFF POLICY EXP											
INSR LTR	TR TYPE OF INSURANCE		WVD	POLICY NUMBER	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	φ .	0,000	
	CLAIMS-MADE OCCUR 3 Year Auto ERP							PREMISES (Ea occurrence)	\$ 300,		
١.								MED EXP (Any one person)	Φ	LUDED	
Α				ZISMB0582 01		05/21/2019	11/21/2020	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	Ψ	0,000	
	OTHER:							DEDUCTIBLE COMBINED SINGLE LIMIT	\$ 2,50	0	
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS NON-OWNED			N/A				BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR			N1/A				EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-		N/A				AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under				N/A				E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE \$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	ACCIDENT MEDICAL EXCESS							LIMIT	\$10.	000	
								DEDUCTILE	\$1,0		
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01 Additional Remarks Schedule	may he a	ttached if more sr	nace is required)	DEDOOTILE	Ψ1,0		
l	eration of scheduled entertainment devices.	LO (AO	OND I	or, Additional Remarks Concurre,	may be a	ataonea ii more op	acc is required)				
l .											
Additional Insured: Jewish Federation Council of Greater LA											
CERTIFICATE HOLDER CANCELL											
Jewish Federation Council of Greater Los Angeles						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
C/O Insurance Administrator						AUTHORIZED REPRESENTATIVE					
6505 Wilshire Blvd. Ste. 800											
Los Angeles CA 90048						authal .					