



Insured by The

2/23/2018

Company Name: **TruSource LLC dba Bounce House Delivery**  
 Contact Name: **Alan Ward**  
 Business Type: **Party Equipment Rentals**

**POLICY RECOMMENDATIONS:**

**Policy Type** **Premium**

<b>General Liability (Rentals)</b>	<b>Purchased</b>	
<b>Accident Medical (Rentals)</b>	<b>Purchased</b>	
Abuse and Molestation	Not Quoted	
Umbrella	Not Quoted	
Property	Not Quoted	
Inland Marine	Not Quoted	
Workers Comp	Not Quoted	
Commercial Auto	Not Quoted	
EPLI	Not Quoted	
Flood	Not Quoted	
Earthquake	Not Quoted	
Hired/Non-Owned Auto	Not Quoted	
Business Income	Not Quoted	
Cyber Liability	Not Quoted	
Bubble Soccer GL	Not Quoted	
Accident Medical (Bubble Soccer)	Not Quoted	
Professional Liability	Not Quoted	
<b>Taxes and Fees</b>		<b>\$20.00</b>
<b>PAL Association Dues</b>		<b>\$400.00</b>
<b>Total</b>		<b>\$1,620.00</b>

Policy coverages, limits, exclusions are on following pages.		

## General Liability (Rentals)

Carrier: **NATIONWIDE MUTUAL INS CO**

Policy Term: **Annual**

### LIMITS

General Agg (Other than Products-Completed Ops)	\$5,000,000
Each Occurrence	\$1,000,000
Products and Completed Operations Aggregate	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Legal Liability to Participants	\$1,000,000
Professional Liability (for Event Planners)	\$1,000,000
Damages to Premises Rented to You	\$300,000
Participant Accident - Excess Medical	\$10,000
Deductible	\$0
Medical Expense (other than participants)	Excluded
Hired and Non Owned Auto	Excluded
Abuse/Molestation - Per Occurrence/Aggregate	Excluded

### Notable Forms, including but not limited to:

NW 26654 01/2008 Disclosure of Premium and Federal Participation  
SRPG100 Certificate of Insurance Common Declarations  
IL 00 17 11 98 Common Policy Conditions  
CAS 3228 Mandatory Endorsement  
SRPG0103 Changes  
IL 09 85 01 08 Disclosure Pursuant to Terrorism Risk Insurance Act  
CAS 3203-A (3-05) Blanket Protector Commercial General Liability Coverage Part Declarations  
SRPG17486 12/02 Liability Schedule and Premium Recap  
CG 00 01 04 13 Commercial General Liability Coverage Form  
SRPG43 (03-2010) Earned Premium  
SRPG115 07/2013 Commercial General Liability Broadening Endorsement  
SRPG26143 (07/13) Legal Liability to Participants  
SRPG26503 (07/13) Medical Payments for Participants  
SRPG26583 (07/13) Professional Liability Coverage  
CG 20 11 04 13 Additional Insured – Managers or Lessors of Premises  
CG 20 12 04 13 Additional Insured – State or Governmental Agency or Subdivision or Political Subdivision – Permits or Authorizations  
CG 20 18 04 13 Additional Insured – Mortgagee, Assignee or Receiver  
CG 20 24 04 13 Additional Insured – Owners or Other Interests from Whom Land Has Been Leased  
CG 20 28 04 13 Additional Insured – Lessor of Leased Equipment  
CG 20 34 04 13 Additional Insured – Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement with You  
CG 21 70 01 08 Cap on Losses From Certified Acts of Terrorism

P.O. Box 5987, Greenville, SC 29606  
Phone: 864-688-0161 Fax: 864-613-2348

## **EXCLUSIONS**

CG P 016 05 14 Access or Disclosure of Confidential or Personal Information Exclusions  
SRPG 00 21 09 08 Nuclear Energy Liability Exclusion Endorsement (Broad Form)  
SRPG3880 (07/13) Asbestos Liability Exclusion  
SRPG4487 (07/13) Lead Exclusion Endorsement  
SRPG8015 (07/13) Abuse, Molestation, Harassment or Sexual Conduct Exclusion  
SRPG26117 (07/13) Fireworks Exclusion  
SRPG6003 (11/12) Amendment of the Definition of Employee – Exclusion for Injury to Temporary Workers  
SRPG110 (03-2013) Described Hazards Exclusion  
CG 21 06 05 14 Exclusion – Access or Disclosure of Confidential or Personal Information and Data-Related Liability with Limited Bodily Injury Exception  
CG 21 35 10 01 Exclusion – Coverage C – Medical Payments  
CG 21 47 12 07 Employment-Related Practices Exclusion  
CG 21 55 09 99 Total Pollution Exclusion with Hostile Fire Exception  
CG 21 67 12 04 Fungi or Bacteria Exclusion

## Accident Medical (Rentals)

Carrier: **Berkley Life & Health Insurance Company**

Policy Term: **Annual**

### LIMITS

#### 1 - Aggregate Limit of Liability

Benefit Maximum	\$500,000
Applies During	per Covered Accident
Applies To	Accidental Death & Dismemberment Benefits only

#### 2 - Hazards Insured Against

Class 1	Supervised and Sponsored Activities
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#### 3 - Accidental Death and Dismemberment Benefits

Class 1 Principal Sum	\$25,000
Time Period for Loss	365 days

#### 4 - Accident Medical and Dental Expense Benefit

Total Benefit Maximum for all Accident Medical	\$25,000
Loss Period-1st Covered Expense must be incurred within 90 days after the Covered Accident	
Benefit Percentage	100%
Terms of Payment	Full Excess
Dental Benefits	100% of Accident Medical Benefit
Accident Medical Deductible	\$100
Benefit Period	52 weeks

**CLASSES OF ELIGIBLE PERSONS is expanded to include workers, referees or athletic officials who assist with the delivery, assembly, disassembly, operations, and/or supervision of amusement/recreation devices or facilities of the Policyholder.**

### EXCLUSIONS

Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.

War or any act of war, declared or undeclared.

Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.

Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.

Disease or disorder of the body or mind.

Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.

Intoxication or being under the influence of any drug or narcotic.

Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.

Conditions that are not caused by a Covered Accident.

Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.

Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.

Travel or activity outside the United States.

Participation in any motorized race or speed contest.

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Any Injury requiring treatment which arises out of, or in the course of fighting, brawling assault or battery.

Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.

Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.

Treatment of Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.

Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.

Mental or nervous disorders, except as specifically provided in this policy.

Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.

Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain, except as specifically provided in this Policy.

Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in the Policy.

Loss resulting from participation in any activity not specifically covered by this Policy.

Any treatment, service or supply not specifically covered by this Policy.

Eyeglasses, contact lenses, hearing aids.

Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: (i) While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or (ii) While being used for any test or experimental purpose; or (iii) While piloting, operating, learning to operate or serving as a member of the crew thereof.

Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.

Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.

Treatment of a hernia whether or not caused by a Covered Accide