

CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 08/23/2021 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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PRODUCER **Customer Care** PHONE (A/C, No, Ext): E-MAIL ADDRESS: West Bend Mutual Insurance Company FAX (A/C, No): (262) 365-2200 (866) 926-4244 1900 South 18th Avenue customercare@wbmi.com West Bend WI 53095 INSURER(S) AFFORDING COVERAGE HAIC #

							INSURER A: West Bend Mutual Insurance Company 1535					15350
INSURED							INSURER B:					
Riverbend Bounce, Inc							INSURER C:					
145 E Ferguson Ave							INSURER D:					
							INSURER E:					
Wood River IL 62095-2023							INSURER F:					
COVERAGES CERTIFICATE NUMBER: CL21623500							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. INST												
LIK	COMMERCIAL GENERAL LIABILITY			INSD	WVD	POLICT NUMBER		(MIMI/DD/TTTT)	08/08/2022	1,000,000		0,000
	CLAIMS-MADE OCCUR					0721881		08/08/2021		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,	
										MED EXP (Any one person)	s	
A			PERSONAL & ADV INJURY							s 1,00	0,000	
											e 2,00	0,000
			EGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	9	0,000
		POLICY PRO-								PRODUCTS - COMP/OP AGG	\$	
	-	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT	3	
		YAUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED								BODILY INJURY (Per accident)	\$		
		TOS ONLY	AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AU	TOS ONLY	AUTOS ONLY							(Per accident)	\$	
	1111	IBRELLA LIAB			-					EACH OCCUPPENCE	•	
		-	OCCUR							EACH OCCURRENCE	9	
	EX	CESS LIAB	CLAIMS-MADE							AGGREGATE	3	
	DE	RETENTION RES COMPENSATION	N \$							PER OTH-	2	
		PLOYERS' LIABILITY	Y/N							STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						E.L. EACH ACCIDENT	3	
(Mandatory in NH) If yes, describe under									E.L. DISEASE - EA EMPLOYEE	3		
DESCRIPTION OF OPERATIONS below										E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CEF	RTIFICA	TE HOLDER					CANCELLATION					
	FOR INFORMATIONAL PURPOSES ONLY							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 Pari Lleine					

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