

The following information is needed in order to complete the Commercial Building Permit Application. A SEPARATE BUILDING PERMIT APPLICATION IS ALSO REQUIRED.

| Name of Event STAIS + STYIPES | Date of Event | 7/1/17 | | | |
|--|--|--|---|--|-------|
| Location of the event where the devices will be op | erated: Spotsy | Courthou | use Di | strict | |
| Duration of the event and the length of time the de | vices will be operate | d: <u>3: 00</u> - | 8:00p | 0m | |
| Name of Owner, Operator or other person assuming | g Responsibility for | the device (s): | amuse | emant of Bour | LE |
| Description of the Device (s) to be permitted, incluprior inspection information for any kiddie rides. | ide serial numbers or On separate attache | identification no d sheet) | umbers, ride | classification (see fees**), a | .nd |
| Amusement Device Name | ID/Seria | l Number | 1 | Kiddie Ride Valid Certificate | ; |
| 60 ft. Obstacle Course | B33- | 0000237 | | yes /no | |
| Attach Certificate of Insurance. Ride provider \$1,000,000.00 per occurrence. | must provide proof | of Liability Ins | urance of a | n amount not less than | |
| County inspections are made during normal busine holidays, and after normal business hours are subjections. Requests for After-hours inspections sto scheduling these inspections. Requests are sure when county inspections are not available due to tused. | ect to additional Afte hall be made in wri abject to availability iming or the applican | r-hours inspection ting to the Build of staff and ap at's choice, a prince | on fees and r ling Officia proval is No | nust be approved by the Buill and MUST be approved p | rior |
| What is the anticipated date and time of inspection | s? 1:30pm | 7/1/17 | | | |
| If inspection request is outside of normal working | 1 | | inspector or | request after-hours inspection | ons: |
| Will a private amusement device inspector be used Building Office at the latest, on the next business | ? YES NO (If | yes than the ins | vection repo | ort must be provided to the | |
| If Private Inspector is used, provide name, address, competence as an amusement device inspector from | , phone and e-mail (i n the Virginia Board | f available) for in of Housing and | nspector. A | ttach a copy of their certificate Development. | te of |
| Name: | | | | | |
| | | | | | |
| Address | City | | State | Zip | |
| Phone FEES: | | e-mail | | | |
| **Type of Ride (Classification) | Fee | Number | Total | *These are only Building fees. | |
| A- Kiddie Rides | \$25.00 each X | = | | Other fees may | |
| B - Circular or flat rides less than 20' in height C - Spectacular rides (neither A nor B) | \$35.00 each X \$55.00 each X | | | apply* | |
| D - Coasters over 30 feet in height | \$150.00 each X | | | | |
| County After-hours fee (Min 2 hours**) | \$155.00 per Hr. | | | | |
| ** Inspections over 2 hours will be billed to applicate | ant | | | | |
| If private in an | | Sub-To | _ | | |
| 11 private inspe | ector is being used re | duce fee by 50% 2% State Levy | - | | |
| | | TOTAL | | | |
| | | IJIAL | | | |

ADDITIONAL RIDES

| Amusement Device Name | ID/Serial # | Kiddie Ride Valid Certificate (Yes or no) |
|-----------------------|-------------|--|
| | | * |
| | | |
| | | |
| | | |
| | | |
| | | 2 |
| | | |

TERMS AND DEFINITIONS

Amusement Device – A device or structure open to the public by which persons are conveyed or moved in an unusual manner for diversion. VADR 13-VAC-5-31-20. In addition to other applicable requirements of this chapter, inflatable amusement devices shall be operated, maintained and inspected in accordance with ASTM F-2374 and other sections as adopted.

Inflatable Amusement Device – An amusement device or ride as defined by terminology F-747, consisting of air filled structures designed for use, as specified by the manufacturer, that may include but not limited to bounce, slide, climb or interactive play. They are made of flexible fabric, kept inflated by continuous air flow by one or more blowers, and rely upon air pressure to maintain their shape. ASTM F-2374 as reference in 13-VAC-5-31-40-(2).

Air-supported Structure – An amusement device that incorporates a structural and mechanical system and employs a high strength fabric or film that achieves its strength and stability by pretensioning with internal air pressure, all of which are intended to provide an enclosed area for the self-enjoyment of those so confined within. ASTM F-747 as referenced in ASTM F-2374 as referenced in 13-VAC-5-31-40.

Kiddie Ride – An amusement ride in which the passenger height is limited to 54 inches or less, the design capacity is 12 passengers or less, and assembly time is 2 hours or less. 13-VAC-3-31-75.

Kiddie Ride – An amusement ride designed primarily for use by children up to 12 years of age. ASTM F-747 as referenced in 13-VAC-5-31-40.

Design Procedure – The weight assigned to a 12 year old child passenger for design purposes shall be 90 pounds. ASTM F-1159-5.2 as referenced in 13-VAC-5-31-40.

Permit/Notification – The owner/operator of the amusement devices(s) shall be responsible for submitting a permit application **at least five (5) days** before a permit to operate is sought. The permit application shall include name of owner/operator, person assuming responsibility, description of device(s), serial/identification numbers of device(s), location of property where device(s) will operate, length of operation, any application for modification(s), proof of insurance/financial responsibility (\$100,000 per person and \$1,000,000 in the aggregate for each amusement device), notification of any change of status in insurance/financial responsibility. 13-VAC-5-31-75-(C).

A permit for a kiddie ride as defined in 13-VAC-5-31-75-D, ASTM F-747 and ASTM F-1159 need not be obtained if the device has an unexpired certificate of inspection issued by a local building department in this Commonwealth. However, in such cases, the responsible local building department shall be notified prior to operation. Such notification shall include the information required on a permit application as stipulated in subdivision one of this subsection (location, contractor, date, devices, certificate of insurance, serial numbers, etc.) 13-VAC-5-31-75-D.

Manufacturers Information (Owner/Operators Responsibility) - The operator of the amusement device shall comply with all recommendations/requirements set out in such documents as required by ASTM F-853. A copy of each such document shall be retained by the operator. Whenever such amusement device is inspected pursuant to these regulations, the operator of the amusement device shall present each such document to the inspector. It is the responsibility of the operator of an amusement device to maintain contact with the manufacturer.

The information required by ASTM F-853 is also addressed in ASTM F-2374 for inflatable amusement devices. As referenced by 13-VAC-5-31-40-2.

Manufacturers Information – It is the owners/operators responsibility to make available to the inspector at the time of inspection for a certificate of inspection the information listed in 2.1 thru 2.6 of ASTM F-698 when manufactured prior to 1978. 13-VAC-5-31-75-G.

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| | ACORD, CERTII | FICATE OF LIABI | LITY INS | URANCI | | | TE (MM/DD/YY) 03/01/17 |
|-----------|---|---|-------------------------------------|--|--|------------------------|---------------------------|
| | Specialty Insurance, L P.O. Box 16901 | 203-931-7095 .TD-Tom Plouffe | THIS CERTONLY AND HOLDER. | TIFICATE IS ISS D CONFERS N THIS CERTIFICA E COVERAGE A | UED AS A MATTER O O RIGHTS UPON TH ATE DOES NOT AMEN AFFORDED BY THE PO AFFORDING COVERA | IE C ND, E DLICI | ERTIFICATE EXTEND OR |
| | West Haven, CT 0651 | 6 | COMPANY Un | ited States Fire I | | | |
| INSU | RED | | COMPANY | | | | |
| | Amusement of Bouncers L 1004 Lonesome Rd | LC | COMPANY | | | | |
| | Nokesville,VA 20181 | | C | | | | |
| | 7 | | COMPANY D | | | | |
| CO | /ERAGES | | | | | | |
| | INDICATED, NOTWITHSTANDING AI CERTIFICATE MAY BE ISSUED OR | LICIES OF INSURANCE LISTED BELOW NY REQUIREMENT, TERM OR CONDITI MAY PERTAIN, THE INSURANCE AFFO SUCH POLICIES. LIMITS SHOWN MAY | ON OF ANY CONTR DRDED BY THE PO | RACT OR OTHER D | OCUMENT WITH RESPECT TO | TTO | WHICH THIS |
| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMIT | s | |
| | GENERAL LIABILITY | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | USP208322 | 4/8/16 | 4/8/17 | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| Α | CLAIMS MADE X OCCUR | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | OWNER'S & CONTRACTOR'S PROT | | | | FIRE DAMAGE (Any one fire) | \$ | 300,000 |
| | | | | | MED EXP (Any one person) | \$ | 5,000 |
| | AUTOMOBILE LIABILITY ANY AUTO | | | | COMBINED SINGLE LIMIT | \$ | |
| | ALL OWNED AUTOS SCHEDULED AUTOS | | | | BODILY INJURY (Per person) | \$ | |
| | HIRED AUTOS NON-OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ | |
| | | | | | PROPERTY DAMAGE | \$ | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ | |
| | ANY AUTO | | | | OTHER THAN AUTO ONLY: | | |
| | | | | | EACH ACCIDENT | \$ | |
| | EXCESS LIABILITY | | | | AGGREGATE EACH OCCURRENCE | \$ | |
| | UMBRELLA FORM | | | | AGGREGATE | \$ | |
| | OTHER THAN UMBRELLA FORM | | | | riddiledile | s | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATU- TORY LIMITS OTH- ER EL EACH ACCIDENT | \$ | |
| | THE PROPRIETOR/ PARTNERS/EXECUTIVE INCL | | | | EL DISEASE - POLICY LIMIT | \$ | |
| | OFFICERS ARE: EXCL | | | | EL DISEASE - EA EMPLOYEE | \$ | |
| | other Interest: Sponsor | | | | Date of Event: | | |
| | | | | | | | |
| | cription of operations/Locations/ve Certificate Holder is added as | HICLES/SPECIAL ITEMS an additional insured but only wit | h respects to the | operations of the | e named insured durinç | g the | policy period. |
| CE | RTIFICATE HOLDER | | CANCELLA | TION | | | |
| | Spotsylvania Parks & PO Box 28 | Recreation | SHOULD AN EXPIRATION | Y OF THE ABOVE D | ESCRIBED POLICIES BE CANG | ENDE | AVOR TO MAIL |
| | Spotsylvania, VA 225 | 553 | BUT FAILUR | E TO MAIL SUCH NO | O THE CERTIFICATE HOLDER TICE SHALL IMPOSE NO OBLI OMPANY, ITS AGENTS OR | GATIO | N OR LIABILITY |
| | Γ | | AUTHORIZED RE | | Thomas | | |

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ACORD 25-S (1/95)



The following information is needed in order to complete the Commercial Building Permit Application. A SEPARATE BUILDING PERMIT APPLICATION IS ALSO REQUIRED.

| Name of Event Star and Stripes | Date of Event | July 1, | 2017 | | |
|---|---|---|--|--|-------------|
| Location of the event where the devices will be ope | rated: | * | | - | |
| Duration of the event and the length of time the dev | ices will be operate | d: 3.00 | Spra - | 8:copn | |
| Name of Owner, Operator or other person assuming | g Responsibility for | the device (s): | presal | Events Entertains | احا |
| Description of the Device (s) to be permitted, include prior inspection information for any kiddie rides. | de serial numbers or | identification nu | • | | |
| Amusement Device Name | ID/Seria | al Number | | Kiddie Ride Valid Certificate | |
| Police Dog Belley Bourace | PDI | 3-1216 | | g e∌/ no | |
| Attach Certificate of Insurance. Ride provider r \$1,000,000.00 per occurrence. | nust provide proof | of Liability Inst | rance of a | n amount not less than | |
| County inspections are made during normal busines holidays, and after normal business hours are subject Official. Requests for After-hours inspections shows to scheduling these inspections. Requests are sull When county inspections are not available due to timesed. | ct to additional Afte all be made in wri- bject to availability | r-hours inspection ting to the Build y of staff and app | n fees and i ing Officia proval is N | must be approved by the Build all and MUST be approved properties. | ing ·ior |
| What is the anticipated date and time of inspections | 1:30pm | - | | | |
| If inspection request is outside of normal working h | • | 2011 Inches - November 2012 - 2012 - 2012 | inspector o | r request after-hours inspection | ns: |
| Will a private amusement device inspector be used? Building Office at the latest, on the next business of If Private Inspector is used, provide name, address, | YES NO (If | yes than the insp HAUE CY | rection repu | ort must be provided to the | زد |
| competence as an amusement device inspector from | the Virginia Board | of Housing and | Community | y Development. | 10 5 |
| Name: | | | | | |
| | | | | | |
| Address | City | | State | Zip | |
| Phone | * | e-mail | | | |
| FEES: **Type of Ride (Classification) | Fee | Number | Total | *These are only Building fees. | |
| A- Kiddie Rides | \$25.00 each X | = | 21 | Other fees may | |
| B - Circular or flat rides less than 20' in height C - Spectacular rides (neither A nor B) | \$35.00 each X | = | | apply* | |
| C - Spectacular rides (neither A nor B) D - Coasters over 30 feet in height | \$55.00 each X \$150.00 each X | = | | 200000 100 | |
| County After-hours fee (Min 2 hours**) | \$155.00 per Hr. | = | | | |
| ** Inspections over 2 hours will be billed to applica | int | *************************************** | | | |
| | | Sub-To | tal | | |
| If private inspec | ctor is being used re | duce fee by 50% | | | |
| | | 2% State Levy | | | |
| | | TOTAL | | | |

ADDITIONAL RIDES

| Amusement Device Name | ID/Serial # | Kiddie Ride Valid Certificate |
|------------------------------|-------------|-------------------------------|
| Buccanear Pointe Ship | BPS- 0208 | (Yes or no) |
| wrecking Ball Joust | 630 g | YES |
| Monkey Motion | Mm 0409 | YES_ |
| TIKI Island Rockwell | T16305 | YES |
| Galaxy Multinde- Bu | 1 GMR 0408 | YES |
| Fire Truck SLIDE | 5-DC 010201 | YES |
| Cars Supe | CARS IIII | YES |

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Kiddie Ride – An amusement ride designed primarily for use by children up to 12 years of age. ASTM F-747 as referenced in 13-VAC-5-31-40.

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Manufacturers Information (Owner/Operators Responsibility) - The operator of the amusement device shall comply with all recommendations/requirements set out in such documents as required by ASTM F-853. A copy of each such document shall be retained by the operator. Whenever such amusement device is inspected pursuant to these regulations, the operator of the amusement device shall present each such document to the inspector. It is the responsibility of the operator of an amusement device to maintain contact with the manufacturer.

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Manufacturers Information – It is the owners/operators responsibility to make available to the inspector at the time of inspection for a certificate of inspection the information listed in 2.1 thru 2.6 of ASTM F-698 when manufactured prior to 1978. 13-VAC-5-31-75-G.

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Cell: (757) 570-0179

Steven Saunders

(Print)

(Signature)

Virginia Certification

Home: (757) 587-8588

steven.saunders.sr@gmail.com

| Ride N | Name: Police Dog Belley Boun | се | Owner Operator | r: Special Events Entertainme | nt, Inc | _ | | | |
|--|--|--------------------|--------------------------|--|------------------------------|----------------------------|--|--|--|
| Manuf | acturer: N-flatables | | _ Serial Number: | PDB-1216 | | _ | | | |
| Locati | on: 2211 Elliot Ave Portsmouth Va 2 | 3702 | _ Date:3/16/17 | | | | | | |
| CODE | S = Satisfactory | NI = | Needs Improveme | ent NA = Not Applicable | | | | | |
| RIDE: | | | | | | | | | |
| 1. 2. 3. 4. | Adequate clearance from hazards Properly blocked & jacked Conditions of ramps & walkways Condition of safety netting | | NA NA NA NA | Level on a solid surface Properly anchored & braced Condition of landing area Condition of guard rails/walls | S NI S NI S NI S NI | NA NA NA NA | | | |
| FAN: | | | | | | | | | |
| 1. 2. | Guards on air intake Properly grounded | | NA NA | Condition of fan enclosure Condition of cords/plugs | S NI NI | NA NA | | | |
| POWE | R SOURCE PERMANENT: | | | | | | | | |
| 1. 2. 3. | Grounded receptacle Proper Amperages Amperage rating & condition of cords | S NI S NI NI | NA NA NA | | | | | | |
| PORT. | ABLE | | | | | | | | |
| 1. 2. 3. | Grounded Receptacle Overall condition of generator Fire extinguisher available | 1 1 | NA NA NA | | | | | | |
| SAFE | TY ORDER | | | | | | | | |
| The following corrections shall be made to the ride before a permit will be granted: | | | | | | | | | |
| The following corrections should be done before the next assembling: | | | | | | | | | |
| | DISCLAIMER | | | | | | | | |
| purported | of this report are based upon conditions a to list all hazards nor indicate that other h nt device regulation. The amusement device his inspection. | azards ex | ist. There is no guarant | ee of exemption from any citation by any | locally co | nstituted authority of any | | | |

Amusement Device Inspector: Hern Saum Cas

Cell: (757) 570-0179

Virginia Certification

Home: (757) 587-8588

steven.saunders.sr@gmail.com

| Ride Name: Buccaneer Pirate Ship | | | | Operator | : Special Events Entertainme | ent, Inc | _ |
|----------------------------------|---|--------------|----------------|----------|--|--------------------------------|----------------------|
| Manufa | acturer: Cutting Edge | | Serial | Number: | BPS-0208 | | _ |
| Locatio | on: 2211 Elliot Ave Portsmouth Va 2 | 3702 | Date: _ | 3/16/17 | | | |
| CODE | S = Satisfactory | NI= | Needs In | nproveme | nt NA = Not Applicable | | |
| RIDE: | | | | | | | _ |
| 1. 2. 3. 4. | Adequate clearance from hazards Properly blocked & jacked Conditions of ramps & walkways Condition of safety netting | | | | Level on a solid surface Properly anchored & braced Condition of landing area Condition of guard rails/walls | S NI S NI NI NI NI | NA NA NA NA |
| FAN: | | | | | | | |
| 1. 2. | Guards on air intake Properly grounded | NI S NI | | | Condition of fan enclosure Condition of cords/plugs | S NI NI | NA NA |
| POWE: | R SOURCE PERMANENT: | | | | | | |
| 1. 2. 3. | Grounded receptacle Proper Amperages Amperage rating & condition of cords | S NI S NI | NA NA NA | | | | |
| PORTA | ABLE | | | | | | |
| 1. 2. 3. | Grounded Receptacle Overall condition of generator Fire extinguisher available | S NI S NI | | | | | |
| SAFET | Y ORDER | | | | | | |
| The follow | ving corrections shall be made to the ride bel | fore a pe | rmit will be | granted: | | | |

The following corrections should be done before the next assembling:

Contents of this report are based upon conditions and practices observed and information supplied by management personnel at the time of inspection. It is not purported to list all hazards nor indicate that other hazards exist. There is no guarantee of exemption from any citation by any locally constituted authority of any any

| amusement device regulation. The amusement device inspector assumes no resbody of this inspection. | sponsibility for th | the control of these activities nor for the correct | tions pointed out within |
|--|---------------------|---|--------------------------|
| Amusement Device Inspector: Herr Sacendas | (Signature) | Steven Saunders | (Print) |

Cell: (757) 570-0179

Virginia Certification

Home: (757) 587-8588

steven.saunders.sr@gmail.com

| Ride N | ame: Wrecking Ball Joust | | Owner Operator: | Special Events Entertainme | nt, Inc | |
|-----------------------|---|----------------------------|---|--|----------------------------|----------------------------|
| Manufa | acturer: _Inflatable 2000 | | Serial Number: | WB0309 | | _ |
| Location | on: 2211 Elliot Ave Portsmouth Va 2 | 3702 | Date:3/16/17 | | | _ |
| CODE | S = Satisfactory | NI = 1 | Needs Improvemen | t NA = Not Applicable | | |
| RIDE: | | | | | | |
| 1. 2. 3. 4. | Adequate clearance from hazards Properly blocked & jacked Conditions of ramps & walkways Condition of safety netting | S NI S NI S NI NI | NA NA | Level on a solid surface Properly anchored & braced Condition of landing area Condition of guard rails/walls | S NI S NI S NI NI | NA NA NA |
| FAN: | | | | | | |
| 1. 2. | Guards on air intake Properly grounded | | | Condition of fan enclosure Condition of cords/plugs | S NI | NA NA |
| <u>POWE</u> | R SOURCE PERMANENT: | | | | | |
| 1. 2. 3. | Grounded receptacle Proper Amperages Amperage rating & condition of cords | SNI | NA NA NA | | | |
| PORTA | ABLE | | | | | |
| 1. 2. 3. | Grounded Receptacle Overall condition of generator Fire extinguisher available | S NI S NI S NI | NA NA NA | | | |
| SAFET | Y ORDER | | | | | |
| | ving corrections shall be made to the ride be | 2 2 2 | | | | |
| | | | DISCLAIME | | | |
| purported amusemen | of this report are based upon conditions a to list all hazards nor indicate that other hat device regulation. The amusement device is inspection. | azards ex inspector | ist. There is no guarantee assumes no responsibility | of exemption from any citation by any | locally co | nstituted authority of any |
| Amuseme | nt Device Inspector: | reem | Sort (Signatur | re) Steven Saunders | | (Print) |

Cell: (757) 570-0179

Virginia Certification

Home: (757) 587-8588

| Manufacturer: Extreme Engineering Serial Number: MM0409 Location: 2211 Elliot Ave Portsmouth Va 23702 Date: 3/16/17 CODE S = Satisfactory NI = Needs Improvement NA = Not Applicable RIDE: 1. Adequate clearance from hazards 2. Properly blocked & jacked 3. Conditions of ramps & walkways 4. Condition of safety netting SNI NA 5. NI NA 7. Condition of landing area 4. Condition of safety netting SNI NA 7. Condition of guard rails/walls SNI NA 7. Condition of guard rails/walls SNI NA 7. Condition of cords/plugs SNI NA 7. Condition of cords | Ride Name: Monkey Motion | | Owner Operator | : Special Events Entertainn | nent, Inc | _ | |
|--|--|----------------------|--------------------------|--|--------------------------|---------------------|-------|
| CODE S = Satisfactory NI = Needs Improvement NA = Not Applicable RIDE: 1. Adequate clearance from hazards 2. Properly blocked & jacked 3. Conditions of ramps & walkways 4. Condition of safety netting S NI NA 2. Properly anchored & braced S NI NA 3. Condition of landing area S NI NA 4. Condition of guard rails/walls S NI NA FAN: 1. Guards on air intake 2. Properly grounded S NI NA 1. Condition of fan enclosure S NI NA 2. Condition of cords/plugs S NI NA 2. Condition of cords/plugs S NI NA 2. Condition of cords/plugs S NI NA C NI NA S NI NA S NI NA C NI NA S NI NA S NI NA S NI NA C NI NA S NI NA C NI NA S NI NA C NI NA S NI NA S NI NA S NI NA C NI | Manufacturer: Extreme Engineering | | Serial Number: | MM0409 | | | |
| RIDE: 1. Adequate clearance from hazards 2. Properly blocked & jacked 3. Conditions of ramps & walkways 4. Condition of safety netting 1. Guards on air intake 2. Properly anchored & braced 3. Condition of landing area 4. Condition of guard rails/walls 1. Condition of guard rails/walls 1. Condition of fan enclosure 2. Properly grounded S NI NA Condition of fan enclosure 2. Condition of cords/plugs POWER SOURCE PERMANENT: 1. Grounded receptacle S NI NA Condition of cords/plugs S NI NA Condition of cords/plugs | Location: 2211 Elliot Ave Portsmouth Va 2 | 3702 | Date:3/16/17 | | | | |
| 1. Adequate clearance from hazards 2. Properly blocked & jacked 3. Conditions of ramps & walkways 4. Condition of safety netting S NI NA S NI NA S NI NA A Condition of fan enclosure 2. Properly anchored & braced 3. Condition of landing area 4. Condition of guard rails/walls S NI NA 1. Condition of fan enclosure 2. Properly grounded S NI NA S NI NA 2. Condition of cords/plugs S NI NA 2. Condition of cords/plugs S NI NA S NI NA S NI NA Condition of fan enclosure S NI NA | CODE S = Satisfactory | NI = I | Needs Improveme | ent NA = Not Applicabl | е | | |
| 2. Properly blocked & jacked 3. Conditions of ramps & walkways 4. Condition of safety netting S NI NA 3. Condition of landing area 4. Condition of guard rails/walls FAN: 1. Guards on air intake 2. Properly anchored & braced 3. Condition of landing area 4. Condition of guard rails/walls S NI NA 4. Condition of guard rails/walls S NI NA 2. Properly anchored & braced S NI NA S NI NA S NI NA S NI NA 2. Condition of fan enclosure 2. Condition of cords/plugs S NI NA 2. Condition of fan enclosure S NI NA 2. Condition of cords/plugs S NI NA S NI NA POWER SOURCE PERMANENT: 1. Grounded receptacle S NI NA S N | RIDE: | | | | | _ | |
| 1. Guards on air intake 2. Properly grounded S NI NA 2. Condition of fan enclosure 2. Condition of cords/plugs NI NA 2. Condition of cords/plugs NI NA POWER SOURCE PERMANENT: 1. Grounded receptacle S NI NA R NI NA | Properly blocked & jacked Conditions of ramps & walkways | SNI | NA NA | 2. Properly anchored & braced3. Condition of landing area | S NI S NI NI NI | NA NA | |
| 2. Properly grounded S NI NA 2. Condition of cords/plugs S NI NA POWER SOURCE PERMANENT: 1. Grounded receptacle S NI NA | FAN: | | | | | | |
| 1. Grounded receptacle /S) NI NA | | S NI S NI | | | S NI S NI | | |
| | POWER SOURCE PERMANENT: | | | | | | |
| 3. Amperage rating & condition of cords S NI NA | 2. Proper Amperages | S NI S NI NI | NA NA NA | | | | |
| PORTABLE | PORTABLE | | | | | | |
| Grounded Receptacle Overall condition of generator Fire extinguisher available S NI NA NI NA NI NA | Overall condition of generator | S NI S NI S NI | | | | | |
| SAFETY ORDER | SAFETY ORDER | | | | | | |
| The following corrections shall be made to the ride before a permit will be granted: | | | | | | | |
| The following corrections should be done before the next assembling: | | | | | | | |
| DISCLAIMER | | | | | | | |
| Contents of this report are based upon conditions and practices observed and information supplied by management personnel at the time of inspection. It is purported to list all hazards nor indicate that other hazards exist. There is no guarantee of exemption from any citation by any locally constituted authority of amusement device regulation. The amusement device inspector assumes no responsibility for the control of these activities nor for the corrections pointed out within body of this inspection. | purported to list all hazards nor indicate that other hamusement device regulation. The amusement device | azards ex | ist. There is no guarant | ee of exemption from any citation by a | ny locally co | nstituted authority | of an |
| Amusement Device Inspector: Herris Sacura (Signature) Steven Saunders (Print | Amusement Device Inspector: Herry Sc | reen | Las 18: | Steven Saunders | | | 1.0 |

Virginia Certification

Cell: (757) 570-0179

Home: (757) 587-8588

| Ride Na | ame: Tiki Island Rock Wall | | _ Owner | r Operato | r: Spec | cial Events Entertain | ment, Inc | _ | |
|--|--|----------------------|----------------------|---------------|---|---|------------------------------|---------------------------|--|
| Manufa | cturer: Cutting Edge | | _ Serial] | Number: | T1030 | 5 | | 251 | |
| Locatio | n: 2211 Elliot Ave Portsmouth Va 2 | 3702 | _Date: | 3/16/17 | | | | | |
| CODE | S = Satisfactory | NI = I | Needs In | nproveme | ent | NA = Not Applical | ble | | |
| RIDE: | | | | | | | | _ | |
| 2. 3. | Adequate clearance from hazards Properly blocked & jacked Conditions of ramps & walkways Condition of safety netting | S NI S NI S NI | NA NA NA NA | | Prope Cond | on a solid surface orly anchored & braced ition of landing area ition of guard rails/walls | S NI S NI S NI S NI | NA NA NA NA | |
| FAN: | | | | | | | V | | |
| | Guards on air intake Properly grounded | S NI S NI | NA NA | | | ition of fan enclosure ition of cords/plugs | S NI | NA NA | |
| POWER | R SOURCE PERMANENT: | | | | | | | | |
| 2. | Grounded receptacle Proper Amperages Amperage rating & condition of cords | Ś NI S NI S NI | NA NA NA | | | | | | |
| PORTA | BLE | | | | | | | | |
| 2. | Grounded Receptacle Overall condition of generator Fire extinguisher available | S NI S NI S NI | NA NA NA | | | | | | |
| SAFET | Y ORDER | | | | | | | | |
| The following corrections shall be made to the ride before a permit will be granted: | | | | | | | | | |
| The following | ing corrections should be done before the ne | ext asseml | bling: | | | | | | |
| | | | | DISCLAIM | ER | | | | |
| purported to | f this report are based upon conditions and the based upon conditions are the based upon conditions and the based upon conditions are the based upon conditions. The amusement device is inspection. | zards exi | st. There is | s no guarante | e of exem | intion from any citation by | any locally cor | etituted authority of any | |
| Amusemen | t Device Inspector: | lenc | Cas | (Signat | ure) | Steven Saunders | | (Print) | |

Cell: (757) 570-0179

Virginia Certification

Home: (757) 587-8588

steven.saunders.sr@gmail.com

| Ride Name: 1- Galaxy Multiride Owner Operator: Special Events Entertainment, Inc | | | | | | | | |
|--|---|------------------------------|----------------------|--|------------------------------|----------------------|--|--|
| Manufa | acturer: Galaxy | | _ Serial Number: _ | GMR0408 | | _ | | |
| Locatio | on: 2211 Elliot Ave Portsmouth Va 2 | 3702 | Date: 3/16/17 | | | | | |
| CODE | S = Satisfactory | NI = I | Needs Improvement | nt NA = Not Applicable | | | | |
| RIDE: | | | | | | - | | |
| 1. 2. 3. 4. | Adequate clearance from hazards Properly blocked & jacked Conditions of ramps & walkways Condition of safety netting | S NI S NI S NI S NI | NA NA NA NA | Level on a solid surface Properly anchored & braced Condition of landing area Condition of guard rails/walls | S NI S NI S NI S NI | NA NA NA NA | | |
| FAN: | | | | | | | | |
| 1. 2. | Guards on air intake Properly grounded | S NI | NA NA | Condition of fan enclosure Condition of cords/plugs | S NI | NA NA | | |
| POWE | R SOURCE PERMANENT: | | | | | | | |
| 1. 2. 3. | Grounded receptacle Proper Amperages Amperage rating & condition of cords | S NI S NI S NI | NA NA NA | | | | | |
| PORTA | ABLE | | | | | | | |
| 1. 2. 3. | Grounded Receptacle Overall condition of generator Fire extinguisher available | S NI S NI S NI | NA NA NA | | | | | |
| SAFET | Y ORDER | | | | | | | |
| The follow | wing corrections shall be made to the ride be | fore a peri | mit will be granted: | | | | | |

The following corrections should be done before the next assembling:

DISCLAIMER

Contents of this report are based upon conditions and practices observed and information supplied by management personnel at the time of inspection. It is not purported to list all hazards nor indicate that other hazards exist. There is no guarantee of exemption from any citation by any locally constituted authority of any amusement device regulation. The amusement device inspector assumes no responsibility for the control of these activities nor for the corrections pointed out within the body of this inspection.

| Hen Saundas | | | |
|-----------------------------|-------------|-----------------|---------|
| Amusement Device Inspector: | (Signature) | Steven Saunders | (Print) |

Cell: (757) 570-0179

Virginia Certification

Home: (757) 587-8588

| Ride N | ame: 18' Fire Truck Slide | | Owner Operator: Special Events Entertainment, Inc | | | | | | |
|--|--|------------------------------|---|-----------------|---|--------------------------|----------------------|---------|--|
| Manufa | cturer: Cutting Edge | | Serial Number: SLDC010201 | | | | | | |
| Locatio | en: 2211 Elliot Ave Portsmouth Va 2 | 3702 | _ Date:3 | /16/17 | | | _ | | |
| CODE | S = Satisfactory | NI = | Needs Impi | rovement | NA = Not Applicable | | | | |
| RIDE: | | | | | | | , | | |
| 1. 2. 3. 4. | Adequate clearance from hazards Properly blocked & jacked Conditions of ramps & walkways Condition of safety netting | S NI S NI S NI S NI | NA NA NA NA | 2. Pro 3. Co | vel on a solid surface operly anchored & braced andition of landing area andition of guard rails/walls | S NI S NI NI NI | NA NA NA NA | | |
| FAN: | | | | | | | | | |
| 1. 2. | Guards on air intake Properly grounded | | NA NA | | ondition of fan enclosure ondition of cords/plugs | S NI S NI | NA NA | | |
| POWE | R SOURCE PERMANENT: | | | | | | | | |
| 1. 2. 3. | Grounded receptacle Proper Amperages Amperage rating & condition of cords | S NI S NI S NI | NA NA NA | | | | | | |
| <u>PORTA</u> | ABLE | | | | | | | | |
| 1. 2. 3. | Grounded Receptacle Overall condition of generator Fire extinguisher available | S NI S NI S NI | NA NA NA | | | | | | |
| SAFET | Y ORDER | | | | | | | | |
| The following corrections shall be made to the ride before a permit will be granted: | | | | | | | | | |
| The following corrections should be done before the next assembling: | | | | | | | | | |
| Contonto | S ALI | | | SCLAIMER | | | | | |
| purported amusemen | Contents of this report are based upon conditions and practices observed and information supplied by management personnel at the time of inspection. It is not purported to list all hazards nor indicate that other hazards exist. There is no guarantee of exemption from any citation by any locally constituted authority of any amusement device regulation. The amusement device inspector assumes no responsibility for the control of these activities nor for the corrections pointed out within the body of this inspection. | | | | | | | | |
| Amuseme | nt Device Inspector: | lless | Las | (Signature) | Steven Saunders | | | (Print) | |
| | | | | | | | | | |

Cell: (757) 570-0179

Virginia Certification

Home: (757) 587-8588

| Ride Name: Cars Slide Owner Operator: Special Events Entertainment, Inc | | | | | | | | | | |
|---|----------------------------------|--|----------------------------------|--|--|--|--|--|--|--|
| Manufacturer: Ninja Jump | Serial Number: | Cars1111 | - | | | | | | | |
| Location: 2211 Elliot Ave Portsmouth Va 23702 | 2 Date: 3/16/17 | | | | | | | | | |
| CODE S = Satisfactory NI | = Needs Improveme | ent NA = Not Applicable | | | | | | | | |
| RIDE: | | | | | | | | | | |
| | NI NA NI NA NI NA NI NA | 1. Level on a solid surface 2. Properly anchored & braced 3. Condition of landing area 4. Condition of guard rails/walls | NI NA NI NA NI NA NI NA | | | | | | | |
| FAN: | | 97 | | | | | | | | |
| Guards on air intake Properly grounded | NI NA NI NA | 1. Condition of fan enclosure 2. Condition of cords/plugs | NI NA NI NA | | | | | | | |
| POWER SOURCE PERMANENT: | | | | | | | | | | |
| Grounded receptacle Proper Amperages Amperage rating & condition of cords | NI NA NI NA NI NA | | | | | | | | | |
| PORTABLE | | | | | | | | | | |
| | NI NA NI NA NI NA | | | | | | | | | |
| SAFETY ORDER | | | | | | | | | | |
| The following corrections shall be made to the ride before a permit will be granted: | | | | | | | | | | |
| The following corrections should be done before the next assembling: | | | | | | | | | | |
| | DISCLAIM | | | | | | | | | |
| Contents of this report are based upon conditions and propurported to list all hazards nor indicate that other hazard amusement device regulation. The amusement device inspection body of this inspection. | s exist. There is no guarant | ee of exemption from any citation by any locally | constituted authority of an | | | | | | | |
| Amusement Device Inspector: Herris Saeco | nders (Signal | ture) Steven Saunders | (Print) | | | | | | | |



Police Dog Belley Bounce PDB-1216



Buccaneer Pirate Ship BPS-0208



Wrecking Ball Joust WB 0309



Monkey Motion MM 0409



Tiki Island Rock Wall TI 0305



Galaxy Multiride Bull GMR 0408



Fire Truck Slide SWDC 010201



Cars Slide CARS 1111



CERTIFICATE OF LIABILITY INSURANCE

5/18/2016

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(les) 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).

| | certificate holder in lieu of such endo | rsem | entie | s). | | | atement on | unis certificate does not | conte | r rights to the | |
|---|--|----------|--------------|--|------------------|-----------------------|----------------------------|--|----------------------------|--|--|
| | ODUCER | | | | CONTACT NAME: | | | | | | |
| Fo | undation Insurance Group | | | | PHONE | (700) | F07 AT04 | LEAV | | | |
| 803 W. Broad Street Ste 500 Falls Church, VA 22046 | | | | PHONE (A/C, No. Ext): (703) 527-8780 [A/C, No.): (703) 532-8300 [A/C, No.]: | | | | | | | |
| | | | | | ADDRESS: | into@fi | gva.com | | | | |
| | | | | | | 194 | SURER(S) AFF | RDING COVERAGE | | NAIC # | |
| IN S | URED | | | | | | surance C | | | 37273 | |
| Special Events Entertainment RMIS ID: 122027 | | | | | INSURER B | :Erie In | surance Ex | change | | 26271 | |
| Mike Fitzwater | | | | | INSURER C | : | | | | | |
| | 2211 Ellott Avenue | | INSURER D: | | | | | | | | |
| | Portsmouth, VA 23702 | | WOURER E: | | | | | | | | |
| | | | | | INSURER F | ; | | | | 1 | |
| | VERAGES CEI | RTIFI | CAT | E NUMBER: | | | | REVISION NUMBER: | | | |
| E | HIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | POLI | TAIN CIES | , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE | A OL MAI | CONTRA | CI OK OTHE | K DOCUMENT WITH RESP | THE PO ECT TO TO ALL | OLICY PERIOD O WHICH THIS THE TERMS, | |
| INSR LTR | TYPE OF INSURANCE | ADDL | WVD | POLICY NUMBER | PC | LICY EFF WDD/YYYY) | POLICY EXP | | | | |
| A | X COMMERCIAL GENERAL LIABILITY | 1386 | 1 | TOLINI NUMBER | (MN | WUUNYYYY) | (MM/DD/YYYY) | | 1 | | |
| | CLAIMS-MADE X OCCUR | X | | A1SPVA001-012283-07 | 05 | /20/2016 | 05/20/2017 | EACH OCCURRENCE DAMAGE TO RENTED | \$ | 1,000,000 | |
| | | | | | 00/ | | JOIAVIAU I I | PREMISES (Ea occurrence) | \$ | 100,000 | |
| | | | | | | | | MED EXP (Any one person) | \$ | 5,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | |
| | X POLICY PRO- | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | OTHER: | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT | \$ | 1 | |
| A | X ANY AUTO | | | A2SPVA001-012284-07 | 0.54 | 20,000.0 | 4 =4001001 | (Ea accident) | 8 | 1,000,000 | |
| | ALL OWNED SCHEDULED | | | M23FVA001-012284-07 | 05/ | 20/2016 | 05/20/2017 | BODILY INJURY (Per person) | \$ | | |
| | X HIRED AUTOS X NON-OWNED | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | AUTOS AUTOS | | | | | | | PROPERTY DAMAGE (Per accident) | 8 | | |
| | UMBRELLA LIAB X OCCUP | - | | | | | | | \$ | | |
| 1 | Y EVORGELIAN | | | A PORTINA | | | | EACH OCCURRENCE | \$ | 1,000,000 | |
| . | CLAIMS-MADE | | ľ | A5SPVA001-012285-07 | 05/2 | 20/2016 | 05/20/2017 | AGGREGATE | 8 | 1,000,000 | |
| 1 | WORKERS COMPENSATION | \dashv | | | | | | | \$ | | |
| | AND EMPLOYERS' LIABILITY | | | | | | 1 | X PER OTH- | | | |
| - 1 | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | 1 | Q95-7200094 | 11/2 | 22/2015 | 11/22/2016 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | (Mendatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | - 1 | - 1 | | | | E.L. DISEASE - EA EMPLOYEE | s | 1,000,000 | | |
| + | DESCRIPTION OF OPERATIONS below | _ | | | | | | E.L. DISEASE - POLICY LIMIT | | 1,000,000 | |
| | | | | | | | | | | -1000,000 | |
| EBÇI | RIPTION OF OPERATIONS / LOCATIONS / VIEHICL | E8 (AC | ORD | 101, Additional Remarks Schedule, | , may be attac | hed <u>II m</u> ore | space la require | d) | | | |
| | | | | ı | | | 1 | | | | |
| | | | | | | | | | | | |
| ED: | TIFICATE HOLDER | | | | | | | | | | |
| R | IFICATE HOLDER | | | | CANCELL | ATION | | | | | |
| | | | | | INE EXP | PRATION | DATE THE | SCRIBED POLICIES BE CA REOF, NOTICE WILL B PROVISIONS. | NCELL E DEL | ED BEFORE IVERED IN | |
| | | | | A | UTHORIZED F | REPRESENT | TATIVE | | | | |



M

The following information is needed in order to complete the Commercial Building Permit Application. A SEPARATE BUILDING PERMIT APPLICATION IS ALSO REQUIRED.

Name of Event Date of Event July 1, 2017

| Name of Event | Date of Event | 1 | 1 - | -011 |
|---|---|--|---|--|
| Location of the event where the devices will be op- | erated: | dras. | 2°an | le. |
| Duration of the event and the length of time the de | vices will be operate | d: <u>3</u> ; 6 | Opn | 1400pr |
| Name of Owner, Operator or other person assumin | g Responsibility for | the device (s): | Cary | Rilly |
| Description of the Device (s) to be permitted, incluprior inspection information for any kiddle rides. | nde serial numbers or on separate attache | identification i | numbers, ride | classification (see fees**), and |
| Amusement Device Name | ID/Seria | l Number | 119 | Kiddie Ride Valid Certificate |
| Jurassie Park | | 10_ | | yes no |
| Attach Certificate of Insurance. Ride provider \$1,000,000.00 per occurrence. | must provide proof | of Liability In | surance of a | n amount not less than |
| County inspections are made during normal busines holidays, and after normal business hours are subjections. Requests for After-hours inspections sto scheduling these inspections. Requests are sure When county inspections are not available due to tused. | ect to additional Afte hall be made in write abject to availability iming or the applicar | r-hours inspect ting to the Buil of staff and a nt's choice, a pr | ion fees and a Iding Officia pproval is N ivate amuser | must be approved by the Building and MUST be approved prior OT GAURANTEED. |
| What is the anticipated date and time of inspection | s? 7/1/17 | 2:150 | \sim | |
| If inspection request is outside of normal working | • • | | | r request after-hours inspections: |
| Will a private amusement device inspector be used Building Office at the latest, on the next business. If Private Inspector is used, provide name, address competence as an amusement device inspector from | (i day) I, phone and e-mail (i | f available) for | inspector. A | ort must be provided to the attach a copy of their certificate of |
| Name: | <i>D</i> | 3 | | у 2000гория |
| | | | | |
| Address | City | | State | Zip |
| Phone | | e-mail | | |
| FEES: **Type of Ride (Classification) | Fee | Number | Total | *These are only Building fees. |
| A- Kiddie Rides B - Circular or flat rides less than 20' in height C - Spectacular rides (neither A nor B) D - Coasters over 30 feet in height County After-hours fee (Min 2 hours**) ** Inspections over 2 hours will be billed to applie | \$25.00 each X \$35.00 each X \$55.00 each X \$150.00 each X \$155.00 per Hr. | = | | Other fees may apply* |
| 70 | | Sub- | | |
| If private inspe | ector is being used re | (A) | | |
| | | 2% State Levy TOTAL | (a) | |
| | | | | |





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/11/2017

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).

| C | ertificate holder in lieu of such endors | eme | nt(s). | | | | | | | | | |
|---|--|--------------|------------|-------------------|--|--|----------------------------|-----------------------------------|-------------|---------|--------|--|
| PRO | DUCER | | | | CONTACT NAME: Richard Maylott | | | | | | | |
| Northeast Insurance Center | | | | | | PHONE (A/C, No, Ext): (239) 244-9777 FAX (A/C, No): (860) 627-8695 | | | | | | |
| P O Box 151868 | | | | | | E-MAIL ADDRESS: ricm@neinscenter.com | | | | | | |
| | | | | | | INS | URER(S) AFFOR | DING COVERAGE | | | NAIC# | |
| Ca | e Coral | | | FL 33915 | INSURE | RA: UNITED | STATES FI | RE INS. CO | | | 21113 | |
| INSU | RED | | INSURER B: | | | | | | | | | |
| | FUN STUFF 4 KIDS, INC | INSURE | | | | | | | | | | |
| | 9103 MYRTLE AVE | INSURER D : | | | | | | | | | | |
| | | INSURE | RE: | | | | | | | | | |
| | BOWIE | | | MD 20720 | INSURE | | | | | | | |
| CO | VERAGES CER | TIFIC | CATE | NUMBER: USP234265 | | | | REVISION NU | MBER: | | | |
| 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. | | | | | | | | WHICH THIS | | | | |
| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | | | |
| | COMMERCIAL GENERAL LIABILITY | 1130 | 1110 | . TEN HOMBEN | | \ | , | EACH OCCURREN | | \$ 1,00 | 00.000 | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO REN PREMISES (Ea occ | TED | \$ 300 | | |
| | | | | | | Na como Mestro de porte de como | | MED EXP (Any one | e person) | \$ 5,00 | 00 | |
| Α | | | | SRPGP-101-0716 | | 03/04/2017 | 03/04/2018 | PERSONAL & ADV | / INJURY | \$ 1,00 | 00,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | 1 | | GENERAL AGGRE | | \$ 2,00 | | |
| | X POLICY PRO- LOC | | | | | | | PRODUCTS - COM | | \$ 2,00 | 00,000 | |
| | OTHER: | | | | | | | COMBINED SINGL | FILMIT | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | (Ea accident) | | \$ | | |
| | ANY AUTO ALL OWNED SCHEDULED | | | | | | | BODILY INJURY (F | | \$ | | |
| | AUTOS AUTOS NON-OWNED | | | | | | | BODILY INJURY (F | 05 | \$ | | |
| | HIRED AUTOS AUTOS | | | | | | | (Per accident) | 3173553 | \$ | | |
| | UMBRELLA LIAB OCCUB | | | | | | | | | \$ | | |
| | - Joseph Goddin | | | | | | | EACH OCCURREN | | \$ | | |
| | CLAIMS-WADE | | | | | | | AGGREGATE | | \$ | | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | PER | | \$ | | |
| | AND EMPLOYERS' LIABILITY Y / N | | | | | | 6 | PER STATUTE | OTH- ER | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDE | | \$ | | |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - EA | | | | |
| | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - PC | DLICY LIMIT | \$ | | |
| Α | Accident Coverage | | | US513335 | | 03/04/2017 | 03/04/2018 | Max Medical E | Benefit Per | Claim | | |
| MC Ce Ev | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) MOBILE PARTY RENTALS - INFLATABLES WITH CONCESSIONS Certificate Holder (Event Sponsor) is listed as an additional insured with regards to the general liability with respects to the named insured operation. Event Date: 07/02/2017 Event Location: 10910 leavells Rd Fredericksburg, Virginia 22407 | | | | | | | | | | | |
| | TIFICATE HOLDES | | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANO | CELLATION | | | | | | |
| 2017 Sportsylvania Stars and Stripes Spectacular 10910 leavells Rd | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |
| | Fredericksburg, Virginia 224 | 07 | | | AUTHORIZED REPRESENTATIVE Xukan May totA | | | | | | | |