

Spotsylvania Building Safety Department Amusement Device Worksheet



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 Stars + Stripes Date of Event 7/1/17

Location of the event where the devices will be operated: Spotsy Courthouse District

Duration of the event and the length of time the devices will be operated: 3:00 - 8:00 pm

Name of Owner, Operator or other person assuming Responsibility for the device (s): Amusement of Bouncers LLC

Description of the Device (s) to be permitted, include serial numbers or identification numbers, ride classification (see fees**), and prior inspection information for any kiddie rides. (on separate attached sheet)

| | | |
|-------------------------------|--------------------|-------------------------------|
| Amusement Device Name | ID/Serial Number | Kiddie Ride Valid Certificate |
| <u>60 ft. Obstacle Course</u> | <u>B33-0000237</u> | yes / <u>no</u> |

Attach Certificate of Insurance. Ride provider must provide proof of Liability Insurance of an amount not less than \$1,000,000.00 per occurrence.

County inspections are made during normal business hours Monday through Friday. County inspections made on weekends, holidays, and after normal business hours are subject to additional After-hours inspection fees and must be approved by the Building Official. **Requests for After-hours inspections shall be made in writing to the Building Official and MUST be approved prior to scheduling these inspections. Requests are subject to availability of staff and approval is NOT GAURANTEED.** When county inspections are not available due to timing or the applicant's choice, a private amusement device inspector must be used.

What is the anticipated date and time of inspections? 1:30pm 7/1/17

If inspection request is outside of normal working hours you MUST either use a private inspector or request after-hours inspections:

Will a private amusement device inspector be used? YES ☐ NO ☒ (If yes than the inspection report must be provided to the Building Office at the latest, on the next business day)

If Private Inspector is used, provide name, address, phone and e-mail (if available) for inspector. Attach a copy of their certificate of competence as an amusement device inspector from the Virginia Board of Housing and Community Development.

Name: _____

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | |
|-------|--------|
| Phone | e-mail |
|-------|--------|

| FEES: | | | |
|--|------------------|---------|---------|
| **Type of Ride (Classification) | Fee | Number | Total |
| A- Kiddie Rides | \$25.00 each | X _____ | = _____ |
| B - Circular or flat rides less than 20' in height | \$35.00 each | X _____ | = _____ |
| C - Spectacular rides (neither A nor B) | \$55.00 each | X _____ | = _____ |
| 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 applicant

These are only Building fees. Other fees may apply

Sub-Total _____

If private inspector is being used reduce fee by 50% _____

2% State Levy _____

TOTAL _____

Spotsylvania Building Safety Department Amusement Device Worksheet

ADDITIONAL RIDES

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

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.

Spotsylvania Building Safety Department Amusement Device Worksheet

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.



PRODUCER

203-931-7095

Specialty Insurance, LTD-Tom Plouffe

P.O. Box 16901

West Haven, CT 06516

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A United States Fire Insurance (21113)

COMPANY B

COMPANY C

COMPANY D

INSURED

Amusement of Bouncers LLC

1004 Lonesome Rd

Nokesville, VA 20181

COVERAGES

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.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|--------|--|---------------|----------------------------------|-----------------------------------|---------------------------------------|
| A | GENERAL LIABILITY | USP208322 | 4/8/16 | 4/8/17 | GENERAL AGGREGATE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT | | | | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | FIRE DAMAGE (Any one fire) \$ 300,000 |
| | | | | | MED EXP (Any one person) \$ 5,000 |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT \$ |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | AUTO ONLY - EA ACCIDENT \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | OTHER THAN AUTO ONLY: |
| | | | | | EACH ACCIDENT \$ |
| | | | | | AGGREGATE \$ |
| | GARAGE LIABILITY | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> ANY AUTO | | | | AGGREGATE \$ |
| | | | | | \$ |
| | EXCESS LIABILITY | | | | WC STATUTORY LIMITS OTH-ER |
| | <input type="checkbox"/> UMBRELLA FORM | | | | EL EACH ACCIDENT \$ |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | EL DISEASE - POLICY LIMIT \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | EL DISEASE - EA EMPLOYEE \$ |
| | THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | |
| | OTHER | | | | |
| | Interest: Sponsor | | | | Date of Event: |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The Certificate Holder is added as an additional insured but only with respects to the operations of the named insured during the policy period.

CERTIFICATE HOLDER

Spotsylvania Parks & Recreation

PO Box 28

Spotsylvania, VA 22553

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Thomas A. Plouffe

Spotsylvania Building Safety Department Amusement Device Worksheet



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 Stars and Stripes Date of Event July 1, 2017

Location of the event where the devices will be operated: _____

Duration of the event and the length of time the devices will be operated: 3:00pm - 8:00pm

Name of Owner, Operator or other person assuming Responsibility for the device (s): Special Events Entertainment, Inc

Description of the Device (s) to be permitted, include serial numbers or identification numbers, ride classification (see fees**), and prior inspection information for any kiddie rides. (on separate attached sheet)

| | | |
|---------------------------------|------------------|-------------------------------|
| Amusement Device Name | ID/Serial Number | Kiddie Ride Valid Certificate |
| <u>Police Dog Belley Bounce</u> | <u>PDB-1216</u> | <u>yes</u> / no |

Attach Certificate of Insurance. Ride provider must provide proof of Liability Insurance of an amount not less than \$1,000,000.00 per occurrence.

County inspections are made during normal business hours Monday through Friday. County inspections made on weekends, holidays, and after normal business hours are subject to additional After-hours inspection fees and must be approved by the Building Official. **Requests for After-hours inspections shall be made in writing to the Building Official and MUST be approved prior to scheduling these inspections. Requests are subject to availability of staff and approval is NOT GAURANTEED.** When county inspections are not available due to timing or the applicant's choice, a private amusement device inspector must be used.

What is the anticipated date and time of inspections? 1:30pm

If inspection request is outside of normal working hours you MUST either use a private inspector or request after-hours inspections:

Will a private amusement device inspector be used? YES NO (If yes than the inspection report must be provided to the Building Office at the latest, on the next business day) Rides HAVE current annual inspections

If Private Inspector is used, provide name, address, phone and e-mail (if available) for inspector. Attach a copy of their certificate of competence as an amusement device inspector from the Virginia Board of Housing and Community Development.

Name: _____

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | |
|-------|--------|
| Phone | e-mail |
|-------|--------|

| FEES: | | | |
|---|------------------|---------|---------|
| **Type of Ride (Classification) | Fee | Number | Total |
| A- Kiddie Rides | \$25.00 each | X _____ | = _____ |
| B - Circular or flat rides less than 20' in height | \$35.00 each | X _____ | = _____ |
| C - Spectacular rides (neither A nor B) | \$55.00 each | X _____ | = _____ |
| 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 applicant | | | |

These are only Building fees. Other fees may apply

Sub-Total _____

If private inspector is being used reduce fee by 50% _____

2% State Levy _____

TOTAL _____

Spotsylvania Building Safety Department Amusement Device Worksheet

ADDITIONAL RIDES

| Amusement Device Name | ID/Serial # | Kiddie Ride Valid Certificate (Yes or no) |
|--------------------------------|--------------------|--|
| <u>Buccaneer Pirate Ship</u> | <u>BPS- 0208</u> | <u>YES</u> |
| <u>Wrecking Ball Joust</u> | <u>WB 0309</u> | <u>YES</u> |
| <u>Monkey Motion</u> | <u>MM 0409</u> | <u>YES</u> |
| <u>Tiki Island Rockwall</u> | <u>TI 0305</u> | <u>YES</u> |
| <u>Galaxy Multirole - Ball</u> | <u>GMR 0408</u> | <u>YES</u> |
| <u>Fire Truck Slide</u> | <u>SLDC 010201</u> | <u>YES</u> |
| <u>Cars Slide</u> | <u>CARS 1111</u> | <u>YES</u> |

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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.

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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.

Steven Saunders

Cell: (757) 570-0179

Virginia Certification

Home: (757) 587-8588

steven.saunders.sr@gmail.com

Ride Name: Police Dog Belley Bounce Owner Operator: Special Events Entertainment, Inc

Manufacturer: N-flatables Serial Number: PDB-1216

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 | (S) NI NA | 1. Level on a solid surface | (S) NI NA |
| 2. Properly blocked & jacked | (S) NI NA | 2. Properly anchored & braced | (S) NI NA |
| 3. Conditions of ramps & walkways | (S) NI NA | 3. Condition of landing area | (S) NI NA |
| 4. Condition of safety netting | (S) NI NA | 4. Condition of guard rails/walls | (S) NI NA |

FAN:

- | | | | |
|-------------------------|-----------|-------------------------------|-----------|
| 1. Guards on air intake | (S) NI NA | 1. Condition of fan enclosure | (S) NI NA |
| 2. Properly grounded | (S) NI NA | 2. Condition of cords/plugs | (S) NI NA |

POWER SOURCE PERMANENT:

- | | |
|---|-----------|
| 1. Grounded receptacle | (S) NI NA |
| 2. Proper Amperages | (S) NI NA |
| 3. Amperage rating & condition of cords | (S) NI NA |

PORTABLE

- | | |
|-----------------------------------|-----------|
| 1. Grounded Receptacle | (S) NI NA |
| 2. Overall condition of generator | (S) NI NA |
| 3. Fire extinguisher available | (S) 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:

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.

Amusement Device Inspector:



(Signature)

Steven Saunders

(Print)

Steven Saunders

Virginia Certification

steven.saunders.sr@gmail.com

Cell: (757) 570-0179

Home: (757) 587-8588

Ride Name: Buccaneer Pirate Ship Owner Operator: Special Events Entertainment, Inc

Manufacturer: Cutting Edge Serial Number: BPS-0208

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 | (S) NI NA | 1. Level on a solid surface | (S) NI NA |
| 2. Properly blocked & jacked | (S) NI NA | 2. Properly anchored & braced | (S) NI NA |
| 3. Conditions of ramps & walkways | (S) NI NA | 3. Condition of landing area | (S) NI NA |
| 4. Condition of safety netting | (S) NI NA | 4. Condition of guard rails/walls | (S) NI NA |

FAN:

- | | | | |
|-------------------------|-----------|-------------------------------|-----------|
| 1. Guards on air intake | (S) NI NA | 1. Condition of fan enclosure | (S) NI NA |
| 2. Properly grounded | (S) NI NA | 2. Condition of cords/plugs | (S) NI NA |

POWER SOURCE PERMANENT:

- | | |
|---|-----------|
| 1. Grounded receptacle | (S) NI NA |
| 2. Proper Amperages | (S) NI NA |
| 3. Amperage rating & condition of cords | (S) NI NA |

PORTABLE

- | | |
|-----------------------------------|-----------|
| 1. Grounded Receptacle | (S) NI NA |
| 2. Overall condition of generator | (S) NI NA |
| 3. Fire extinguisher available | (S) 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:

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Amusement Device Inspector:

Steven Saunders

(Signature)

Steven Saunders

(Print)

Steven Saunders

Virginia Certification

steven.saunders.sr@gmail.com

Cell: (757) 570-0179

Home: (757) 587-8588

Ride Name: Wrecking Ball Joust Owner Operator: Special Events Entertainment, Inc

Manufacturer: Inflatable 2000 Serial Number: WB0309

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 | (S) NI NA | 1. Level on a solid surface | (S) NI NA |
| 2. Properly blocked & jacked | (S) NI NA | 2. Properly anchored & braced | (S) NI NA |
| 3. Conditions of ramps & walkways | (S) NI NA | 3. Condition of landing area | (S) NI NA |
| 4. Condition of safety netting | (S) NI NA | 4. Condition of guard rails/walls | (S) NI NA |

FAN:

- | | | | |
|-------------------------|-----------|-------------------------------|-----------|
| 1. Guards on air intake | (S) NI NA | 1. Condition of fan enclosure | (S) NI NA |
| 2. Properly grounded | (S) NI NA | 2. Condition of cords/plugs | (S) NI NA |

POWER SOURCE PERMANENT:

- | | |
|---|-----------|
| 1. Grounded receptacle | (S) NI NA |
| 2. Proper Amperages | (S) NI NA |
| 3. Amperage rating & condition of cords | (S) NI NA |

PORTABLE

- | | |
|-----------------------------------|-----------|
| 1. Grounded Receptacle | (S) NI NA |
| 2. Overall condition of generator | (S) NI NA |
| 3. Fire extinguisher available | (S) 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:

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Amusement Device Inspector:

Steven Saunders

(Signature)

Steven Saunders

(Print)

Steven Saunders

Cell: (757) 570-0179

Virginia Certification

Home: (757) 587-8588

steven.saunders.sr@gmail.com

Ride Name: Monkey Motion Owner Operator: Special Events Entertainment, Inc

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

(S) NI NA
(S) NI NA
(S) NI NA
(S) NI NA

1. Level on a solid surface
2. Properly anchored & braced
3. Condition of landing area
4. Condition of guard rails/walls

(S) NI NA
(S) NI NA
(S) NI NA
(S) NI NA

FAN:

1. Guards on air intake
2. Properly grounded

(S) NI NA
(S) NI NA

1. Condition of fan enclosure
2. Condition of cords/plugs

(S) NI NA
(S) NI NA

POWER SOURCE PERMANENT:

1. Grounded receptacle
2. Proper Amperages
3. Amperage rating & condition of cords

(S) NI NA
(S) NI NA
(S) NI NA

PORTABLE

1. Grounded Receptacle
2. Overall condition of generator
3. Fire extinguisher available

(S) NI NA
(S) NI NA
(S) 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:

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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.

Amusement Device Inspector:

Steven Saunders

(Signature)

Steven Saunders

(Print)

Steven Saunders

Virginia Certification

steven.saunders.sr@gmail.com

Cell: (757) 570-0179

Home: (757) 587-8588

Ride Name: Tiki Island Rock Wall Owner Operator: Special Events Entertainment, Inc

Manufacturer: Cutting Edge Serial Number: T10305

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

(S) NI NA
(S) NI NA
(S) NI NA
(S) NI NA

1. Level on a solid surface
2. Properly anchored & braced
3. Condition of landing area
4. Condition of guard rails/walls

(S) NI NA
(S) NI NA
(S) NI NA
(S) NI NA

FAN:

1. Guards on air intake
2. Properly grounded

(S) NI NA
(S) NI NA

1. Condition of fan enclosure
2. Condition of cords/plugs

(S) NI NA
(S) NI NA

POWER SOURCE PERMANENT:

1. Grounded receptacle
2. Proper Amperages
3. Amperage rating & condition of cords

(S) NI NA
(S) NI NA
(S) NI NA

PORTABLE

1. Grounded Receptacle
2. Overall condition of generator
3. Fire extinguisher available

(S) NI NA
(S) NI NA
(S) 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:

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.

Amusement Device Inspector: Steven Saunders (Signature) Steven Saunders (Print)

Steven Saunders

Virginia Certification

steven.saunders.sr@gmail.com

Cell: (757) 570-0179

Home: (757) 587-8588

Ride Name: 1- Galaxy Multiride Owner Operator: Special Events Entertainment, Inc

Manufacturer: Galaxy Serial Number: GMR0408

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 | (S) NI NA | 1. Level on a solid surface | (S) NI NA |
| 2. Properly blocked & jacked | (S) NI NA | 2. Properly anchored & braced | (S) NI NA |
| 3. Conditions of ramps & walkways | (S) NI NA | 3. Condition of landing area | (S) NI NA |
| 4. Condition of safety netting | (S) NI NA | 4. Condition of guard rails/walls | (S) NI NA |

FAN:

- | | | | |
|-------------------------|-----------|-------------------------------|-----------|
| 1. Guards on air intake | (S) NI NA | 1. Condition of fan enclosure | (S) NI NA |
| 2. Properly grounded | (S) NI NA | 2. Condition of cords/plugs | (S) NI NA |

POWER SOURCE PERMANENT:

- | | |
|---|-----------|
| 1. Grounded receptacle | (S) NI NA |
| 2. Proper Amperages | (S) NI NA |
| 3. Amperage rating & condition of cords | (S) NI NA |

PORTABLE

- | | |
|-----------------------------------|-----------|
| 1. Grounded Receptacle | (S) NI NA |
| 2. Overall condition of generator | (S) NI NA |
| 3. Fire extinguisher available | (S) 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:

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Amusement Device Inspector: Steven Saunders (Signature) Steven Saunders (Print)

Steven Saunders

Virginia Certification

steven.saunders.sr@gmail.com

Cell: (757) 570-0179

Home: (757) 587-8588

Ride Name: 18' Fire Truck Slide Owner Operator: Special Events Entertainment, Inc

Manufacturer: Cutting Edge Serial Number: SLDC010201

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

(S) NI NA
(S) NI NA
(S) NI NA
(S) NI NA

1. Level on a solid surface
2. Properly anchored & braced
3. Condition of landing area
4. Condition of guard rails/walls

(S) NI NA
(S) NI NA
(S) NI NA
(S) NI NA

FAN:

1. Guards on air intake
2. Properly grounded

(S) NI NA
(S) NI NA

1. Condition of fan enclosure
2. Condition of cords/plugs

(S) NI NA
(S) NI NA

POWER SOURCE PERMANENT:

1. Grounded receptacle
2. Proper Amperages
3. Amperage rating & condition of cords

(S) NI NA
(S) NI NA
(S) NI NA

PORTABLE

1. Grounded Receptacle
2. Overall condition of generator
3. Fire extinguisher available

(S) NI NA
(S) NI NA
(S) NI NA

SAFETY ORDER

The following corrections shall be made to the ride before a permit will be granted:

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Amusement Device Inspector: Steven Saunders (Signature)

Steven Saunders (Print)

Steven Saunders

Cell: (757) 570-0179

Virginia Certification

Home: (757) 587-8588

steven.saunders.sr@gmail.com

Ride Name: Cars Slide Owner Operator: Special Events Entertainment, Inc

Manufacturer: Ninja Jump Serial Number: Cars1111

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 | (S) NI NA | 1. Level on a solid surface | (S) NI NA |
| 2. Properly blocked & jacked | (S) NI NA | 2. Properly anchored & braced | (S) NI NA |
| 3. Conditions of ramps & walkways | (S) NI NA | 3. Condition of landing area | (S) NI NA |
| 4. Condition of safety netting | (S) NI NA | 4. Condition of guard rails/walls | (S) NI NA |

FAN:

- | | | | |
|-------------------------|-----------|-------------------------------|-----------|
| 1. Guards on air intake | (S) NI NA | 1. Condition of fan enclosure | (S) NI NA |
| 2. Properly grounded | (S) NI NA | 2. Condition of cords/plugs | (S) NI NA |

POWER SOURCE PERMANENT:

- | | |
|---|-----------|
| 1. Grounded receptacle | (S) NI NA |
| 2. Proper Amperages | (S) NI NA |
| 3. Amperage rating & condition of cords | (S) NI NA |

PORTABLE

- | | |
|-----------------------------------|-----------|
| 1. Grounded Receptacle | (S) NI NA |
| 2. Overall condition of generator | (S) NI NA |
| 3. Fire extinguisher available | (S) 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:

DISCLAIMER

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Amusement Device Inspector: Steven Saunders (Signature) Steven Saunders (Print)



Police Dog Belley Bounce
PDB-1216



Tiki Island Rock Wall
TI 0305



Buccaneer Pirate Ship
BPS-0208



Galaxy Multiride Bull
GMR 0408



Wrecking Ball Joust
WB 0309



Fire Truck Slide
SWDC 010201



Monkey Motion
MM 0409



Cars Slide
CARS 1111



CERTIFICATE OF LIABILITY INSURANCE

SPECEVE-01

RROGERI

DATE (MM/DD/YYYY)

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(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).

| | | | |
|---|--|---|--|
| PRODUCER Foundation Insurance Group 803 W. Broad Street Ste 500 Falls Church, VA 22046 | | CONTACT NAME: PHONE (A/C, No. Ext): (703) 527-8780 FAX (A/C, No.): (703) 532-8300 E-MAIL: info@figva.com ADDRESS: info@figva.com | |
| INSURED Special Events Entertainment RMIS ID: 122027 Mike Fitzwater 2211 Elliott Avenue Portsmouth, VA 23702 | | INSURER(S) AFFORDING COVERAGE INSURER A: Axis Insurance Company INSURER B: Erie Insurance Exchange INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 37273 26271 | |

COVERAGES**CERTIFICATE NUMBER:****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 LTR | TYPE OF INSURANCE | ADDL INSD | SUBR INSD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|-----------|---------------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | X | | A1SPVA001-012283-07 | 05/20/2016 | 05/20/2017 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS | | | A2SPVA001-012284-07 | 05/20/2016 | 05/20/2017 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | A5SPVA001-012285-07 | 05/20/2016 | 05/20/2017 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 |
| B | 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 | Q95-7200094 | 11/22/2015 | 11/22/2016 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH. ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

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

Spotsylvania Building Safety Department Amusement Device Worksheet



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 Spotsylvania Stars + Stripes Festival Date of Event July 1, 2017
 Location of the event where the devices will be operated: Grass area
 Duration of the event and the length of time the devices will be operated: 3:00 pm to 9:00 pm
 Name of Owner, Operator or other person assuming Responsibility for the device (s): Gary Ritty
 Description of the Device (s) to be permitted, include serial numbers or identification numbers, ride classification (see fees**), and prior inspection information for any kiddie rides. (on separate attached sheet)

| | | |
|-----------------------|------------------|---|
| Amusement Device Name | ID/Serial Number | Kiddie Ride Valid Certificate |
| <u>Jurassic Park</u> | <u>10</u> | <input checked="" type="radio"/> yes <input type="radio"/> no |

Attach Certificate of Insurance. Ride provider must provide proof of Liability Insurance of an amount not less than \$1,000,000.00 per occurrence.

County inspections are made during normal business hours Monday through Friday. County inspections made on weekends, holidays, and after normal business hours are subject to additional After-hours inspection fees and must be approved by the Building Official. **Requests for After-hours inspections shall be made in writing to the Building Official and MUST be approved prior to scheduling these inspections. Requests are subject to availability of staff and approval is NOT GAURANTEED.** When county inspections are not available due to timing or the applicant's choice, a private amusement device inspector must be used.

What is the anticipated date and time of inspections? 7/1/17 2:15 pm

If inspection request is outside of normal working hours you MUST either use a private inspector or request after-hours inspections:

Will a private amusement device inspector be used? YES ☒ NO (If yes than the inspection report must be provided to the Building Office at the latest, on the next business day)

If Private Inspector is used, provide name, address, phone and e-mail (if available) for inspector. Attach a copy of their certificate of competence as an amusement device inspector from the Virginia Board of Housing and Community Development.

Name: _____

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | |
|-------|--------|
| Phone | e-mail |
|-------|--------|

| FEES: | | e-mail | | Total | <div>*These are only Building fees. Other fees may apply*</div> |
|---|------------------|--------|---------|-------|---|
| **Type of Ride (Classification) | Fee | Number | | | |
| A- Kiddie Rides | \$25.00 each | X | _____ = | _____ | |
| B - Circular or flat rides less than 20' in height | \$35.00 each | X | _____ = | _____ | |
| C - Spectacular rides (neither A nor B) | \$55.00 each | X | _____ = | _____ | |
| 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 applicant | | | | | |

** Inspections over 2 hours will be billed to applicant

Sub-Total _____

If private inspector is being used reduce fee by 50% _____

2% State Levy _____

TOTAL _____





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).

| | | | |
|--|--|---|--|
| PRODUCER Northeast Insurance Center P O Box 151868 Cape Coral FL 33915 | | CONTACT NAME: Richard Maylott PHONE (A/C, No, Ext): (239) 244-9777 E-MAIL ADDRESS: ricm@neinscenter.com FAX (A/C, No): (860) 627-8695 | |
| INSURED FUN STUFF 4 KIDS, INC 9103 MYRTLE AVE BOWIE MD 20720 | | INSURER(S) AFFORDING COVERAGE INSURER A: UNITED STATES FIRE INS. CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 21113 | |

| | | |
|---|--------------------------------------|-------------------------|
| COVERAGES | CERTIFICATE NUMBER: USP234265 | 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 LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-------------------------------------|--|----------------|-------------------------|--------------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | SRPGP-101-0716 | 03/04/2017 | 03/04/2018 | EACH OCCURRENCE \$ 1,000,000 |
| | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 | | | | |
| | | | MED EXP (Any one person) \$ 5,000 | | | | |
| | | | PERSONAL & ADV INJURY \$ 1,000,000 | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | GENERAL AGGREGATE \$ 2,000,000 | |
| | UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| A | Accident Coverage | | | US513335 | 03/04/2017 | 03/04/2018 | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | |
| | | | | | | | EACH OCCURRENCE \$ |
| | | | | | | | AGGREGATE \$ |
| | | | | | | | |
| | | | | | | | PER STATUTE OTH-ER |
| | | | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| | | | | | | | Max Medical Benefit Per Claim |

| |
|---|
| 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 |
|---|

| | |
|--|--|
| CERTIFICATE HOLDER 2017 Sportsylvania Stars and Stripes Spectacular 10910 leavells Rd Fredericksburg, Virginia 22407 | CANCELLATION 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 |
|--|--|

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