

ACORD*

CERTIFICATE OF LIABILITY INSURANCE

AWHITSELL

DATE (MM/DD/YYYY) 6/20/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

th	is ce	ertificate does not	confer rights to	o the	cert	ificate holder in lieu of su								
PRO	DUCE	R						T Amanda	Whitsell					
Hibbs - Hallmark & Co PO Box 8357												(903)	581-5988	
Tyler, TX 75711								E-MAIL ADDRESS:						
							INSURER(S) AFFORDING COVERAGE						NAIC #	
								INSURER A: T.H.E. Insurance Company					12866	
INSURED							INSURER B:							
		TreeTop Adve					INSURER C:							
		Fitness Adve					INSURER D:							
		Providence, F					INSURER E :							
							INSURER F:							
CO	VER.	AGES	CER	TIFI	CATE	E NUMBER:	REVISION NUMBER:							
						SURANCE LISTED BELOW I								
						ENT, TERM OR CONDITIOI , THE INSURANCE AFFORI								
E)				POLI	CIES.	LIMITS SHOWN MAY HAVE		EDUCED BY	PAID CLAIMS					
INSR LTR		TYPE OF INSUR	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR								EACH OCCURRENCE		\$	1,000,000	
						CPP010564703		6/20/2019	6/20/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	300,000	
										MED EXP (Any one	person)	\$	0	
										PERSONAL & ADV	INJURY	\$	1,000,000	
		I'L AGGREGATE LIMIT AI	PPLIES PER:							GENERAL AGGRE	GATE	\$	3,000,000	
	X	POLICY PRO- JECT	LOC							PRODUCTS - COM		\$	2,000,000	
		OTHER:								AGGREGATE		\$	1,000,000	
	AUT	OMOBILE LIABILITY								COMBINED SINGL (Ea accident)	E LIMIT	\$		
		ANY AUTO	COLEDUILED							BODILY INJURY (F	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY									BODILY INJURY (Per accident) \$		\$		
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
												\$	2 000 000	
Α		UMBRELLA LIAB X OCCUR				EL D004225702		6/20/2040	6/20/2020	EACH OCCURRENCE \$		\$	3,000,000	
	Х					ELP001225703		6/20/2019	0/20/2020	AGGREGATE \$		\$	3,000,000	
_		DED RETENTIO	•							PER	OTH-	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WCP0005297003		6/20/2019	6/20/2020	PER STATUTE	OTH- ER		1,000,000	
						WC1 0003237 003		0/20/2019	0/20/2020	E.L. EACH ACCIDE	NT	\$	1,000,000	
										E.L. DISEASE - EA		\$	1,000,000	
	DESCRIPTION OF OPERATIONS below									E.L. DISEASE - PC	LICY LIMIT	\$	1,000,000	
								_						
DESO Chal	CRIPTI leng	ION OF OPERATIONS / L e Course (also com	OCATIONS / VEHICI	to as	ACORI S Aeri	D 101, Additional Remarks Schedu ial Adventure Course)	ıle, may be	attached if mor	e space is requi	red)				
200 l	New	Boston Dr	-			•								
cant	on, I	MA 02021												

CERTIFICATE HOLDER

Commonwealth of Massachusetts - Dept of Public Safety Attn: Amusements McCormack State Office Building One Ashburton PI, Rm 1301 Boston, MA 02108 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

D. A. M. Marghan