

GBARRAZA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/16/2022

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 this certificate does not confer rights to the certificate holder in lieu of su PRODUCER Hibbs - Hallmark & Co PO Box 8357 Tyler, TX 75711						Contact Gail Barraza PHONE (A/C, No, Ext): (903) 561-8484 5654 FAX (A/C, No): E-MAIL address: gail.barraza@hibbshallmark.com										
												INSURER(S) AFFORDING COVERAGE NAIC #				
						INSURED						RB:	1 040 00			11001
TreeTop Adventures Fitness Adventures, LLC 165 Tabor Ave						RC:										
						INSURER D:										
	Providence, RI 02906		INSURER E :													
						INSURER F:										
СО	VERAGES CER	RTIFICATE NUMBER:			REVISION NUMBER:											
IN C E	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT POLIC	REME ΓΑΙΝ, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY F	OT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	O WHICH THIS						
INSR LTR		ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	4 000 000						
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			KKO0000026696700		6/20/2022	6/20/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 300,000						
								MED EXP (Any one person)	\$							
								PERSONAL & ADV INJURY	\$	1,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000						
	X POLICY PRO-							PRODUCTS - COMP/OP AGG EMPLOYEE BENEFI	\$	5,000,000 2,000,000						
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000						
	ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY			8VCA000000020401		6/20/2022	6/20/2023	(Ea accident)	\$,,						
				010000000000000000000000000000000000000		0/20/2022	0/20/2020	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$							
								PROPERTY DAMAGE (Per accident)	\$ \$							
	AUTOS ONLY AUTOS ONLY							(r er accident)	\$							
Α	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000						
	X EXCESS LIAB CLAIMS-MADE	-	X	XKO0000026696800		6/20/2022	6/20/2023	AGGREGATE	\$							
	DED RETENTION \$							Aggregate	\$	5,000,000						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE			6LWCC0000033383201		6/20/2022	6/20/2023	PER OTH- STATUTE ER								
								E.L. EACH ACCIDENT	\$	1,000,000						
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000						
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000						
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	red)								
CERTIFICATE HOLDER						CANCELLATION										
					 -											
For Information Only XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
	xxxxxxxxxxxxxx				AUTHORIZED REPRESENTATIVE											