

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/24/2016

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.

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lf	MPORTANT: If the certificate holder in SUBROGATION IS WAIVED, subject wis certificate does not confer rights to	to th	he tei	rms and conditions of th	e polic	y, certain p	olicies may r				
PRODUCER							nael H. Plout	uffe			
Specialty Insurance, LTD.					PHONE (A/C, No	PHONE A/C, No, Ext): 203-931-7095 FAX (A/C, No): 203-931-0682					
P.O. Box 16901							ouffe79@gm		,		
West Haven, CT 06516					INSURER(S) AFFORDING COVERAGE				NAIC#		
						INSURER A: United States Fire Insurance Co.				21113	
	NSURED					INSURER B:					
	Mobile Zoo of Southern California, Inc. & Nancy True Fitness					INSURER C:					
c/o Nancy True					INSURER D:						
20975 Sky Ridge Road					INSURER E :						
Desert Hot Springs CA 92241					INSURER F:						
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:						
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFITIED OR MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION OF THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER D S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RE	SPECT TO	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY			USP225418		10/24/16	10/24/17	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrenc	:e) \$	300,00	
								MED EXP (Any one person	n) \$	5,000	
								PERSONAL & ADV INJUR	RY \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP	AGG \$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMI (Ea accident)	Т \$		
	ANY AUTO							BODILY INJURY (Per pers	son) \$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per acc	ident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	1							\$		
	WORKERS COMPENSATION							PER O'STATUTE E	TH- R		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLO			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L			
Α	Accident Medical			US503712		10/24/16	10/24/17	Max. Benefit	\$10,0	000	
	Coverage						, , _ , , , ,	Deductible		/Per Claim	
Pe	tription of operations/Locations/vehiclestring Zoo, Reptile Show, A	nim	al V	/101, Additional Remarks Schedul /ariety Show, Pony	y Rid	e attached if mor les & Fitr	space is require	d) Ses			

CERTIFICATE HOLDER

Mobile Zoo of Southern California & Nancy True Fitness c/o Nancy True
20975 Sky Ridge Road
Desert Hot Springs, CA 92241

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