Sample							
		FICATE OF LI	ABILITY INS	SURAN	CE		//////////////////////////////////////
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVELY OF	R NEGATIVELY AMEND DOES NOT CONSTITU	, EXTEND OR ALT	ER THE CO	OVERAGE AFFORDED	BY THE	POLICIES
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	ct to the	terms and conditions of	the policy, certain uch endorsement(s)	policies may			
PRODUCER License # ######## Your Insurance Agency, Inc. Street Address			CONTACT Alice Ins PHONE (A/C, No, Ext): (920) #		FAX (A/C, No	<b>)</b> :	
City, State, Zip Code			ADDITEOU. O	aliceins.con			
			INSURER A : Insuran		RDING COVERAGE		NAIC #
INSURED			INSURER B :		is company		
BUSINESS NAME						·	
ADDRESS							
CITY, STATE ZIP CODE							
COVERAGES CEF		NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLI			W HAVE BEEN ISSU				
FOR THE POLICY PERIOD INDICATED. OTHER DOCUMENT WITH RESPECT TO W							
BY THE POLICIES DESCRIBED HEREIN	IS SUBJECT	T TO ALL THE TERMS, EXC					
A X COMMERCIAL GENERAL LIABILITY	ADDL SUBR INSD WVD	POLICY NUMBER	(MM/DD/YYYY)				1,000,000
CLAIMS-MADE X OCCUR		#####	3/1/2022	3/1/2023	EACH OCCURRENCE	\$	1,000,000
		mmmm	0/1/2022	0/1/2020		Mir	nimum
			Policy d				verage of
			current of regist			1,0	00,000.
			U legisi				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	le, may be attached if more	e space is requir	ed)		
Ride name - serial number		und in also de state 11-4		have (k			
Ride name - serial number		ust include ride list					
Ride name - serial number or	• Ar	ny attached schedul	e (nue list) mus	a come fr	Jin insurer.		

Ride name - serial number, Ride name - serial number, Ride name - serial number

CERTIFICATE HOLDER Must be DSPS	CANCELLATION
Dept of Safety and Professional Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
Amusement Ride Program	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
4822 Madison Yards Way	ACCORDANCE WITH THE POLICY PROVISIONS.
Madison, WI 53705	AUTHORIZED REPRESENTATIVE
DSPSSBInspectionSupport@wi.gov	Shuwi Rusch-Regenwethur

## **Attached Ride List samples:**

DESCRIPTION	SERIAL NUMBER
MOBILE EQUIPMENT LIABILITY	N/A
MOBILE EQUIPMENT OWNED OR LEASED BY NAMED INSURED	N/A
1992 RIDE WORKS WINKY THE WHALE	5003T792
2000 ZAMPERLA KITE FLYER	KF12R329US99
2001 WISDOM DIVE BOMBER	63081
1998 REVERCHON SCOOTER	1M001999
2004 FUN EQUIPMENT UNL. BLUE BEARD INFLATABLE SLIDE	007
2012 ZAMPERLA SAMBA BALLOON	860GSB08R11269US

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## **RIDE LIST**

Policy Number: <u>########</u> Effective Date: <u>03/01/2023</u> Expiration Date: <u>03/01/2024</u>

NAME OF RIDE	SERIAL#	MANUFACTURER	YEAR MFG	TYPE OF RIDE
Go-Gator	83492	Wisdom	1983	Kiddie
Merry Go Round	SA6720	San Antonio	1967	Major
Paratrooper	RD-394	Kilinsku	1978	Major
Scrambler	APE223611/FLT 2733A	Eli Bridge/Rthr	1984	Major
Skymaster	SM14131291A5 4968USA	ARM	1991	Major
Drop and Twist Tower	T.09.40.013	SBF	2016	Spectacular
Berry-Go-Round	BGOR557-93	Sellner	1993	Kiddie
Tilt-A-Whirl #2	843	Sellner	1957	Major
Raiders	1F9FRW353NM D63922	Wisdom		Major

## Self-insured or State self-funded Proof of Insurance

- Liability statement of governing body's financial responsibility and statement of protection
- Effective coverage dates current at time of registration and DSPS as addressee

