NJ Outdoor Amusements



Tax ID: 47-3338686 njoutdooramusements@gmail.com; Website: www.njoutdooramusements.com

Maplewoodstock Memorial Park, Maplewood, NJ, USA Date of Event: July 13-14, 2024

ITEMS & DESCRIPTION

- 1 Paw Patrol 15' x 15' x 13'
- 2 Fire Station Combo 17' x 21' x 14'
- 3 Spider-Man 50' Obstacle 11' x 50' x 17'
- 4 Malibu Splash Dual Slide dry 17' x 30' x 20' without pool attachment.
- 5 Generator with fuel
- 6 Certificate of Additional Insured
- 7 Dash obstacle dry15' x 17' x 17' without pool attachment.
- 8 Delivery included
- 9 Staffing/Power for all equipment



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/16/2024

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.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights	to th	ne te	rms and conditions of th	ne polic	cy, certain po	olicies may	require an endo	orovision orsement	s or be t. Ast	e endorsed. atement on		
PRODUCER	CONTACT NAME: Luke Johnson											
Olivier VanDyk Insurance Agency, Inc 2780 44th Street SW	PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No.					o): 616-454-7100						
Wyoming MI 49519		E-MAIL ADDRESS: certificates@ovdinsurance.com										
				INSURER(S) AFFORDING COVERAGE NAIC #								
							13037					
INSURED		•	License#: 0007645 NJOUTDO-01									
NJ Outdoor Amusements LLC				INSURE								
9 Elmwood Drive Elmwood Park NJ 07407												
Elliwood Park NJ 07407	INSURE											
				INSURE								
201/504.050		=		INSURER F:								
			NUMBER: 2057861041			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 TYPE OF INSURANCE ADDLISUBR POLICY EFF POLICY EXP												
INSR LTR TYPE OF INSURANCE	INSD		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	<u> </u>	LIMIT	S			
A X COMMERCIAL GENERAL LIABILITY	Y		CSU 0191198		7/17/2023	7/17/2024	EACH OCCURRENCE		\$ 1,000	,000		
CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occi	urrence)	\$ 100,0	00		
							MED EXP (Any one person)		\$0			
							PERSONAL & ADV INJURY		\$ 1,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$ 2,000	,000		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$ 2,000,000			
OTHER:									\$			
A AUTOMOBILE LIABILITY			CSU 0191198		7/17/2023	7/17/2024	COMBINED SINGLE (Ea accident)	ELIMIT	\$ 1,000	,000		
ANY AUTO					1			ODILY INJURY (Per person) \$				
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	er accident)	\$			
X HIRED X NON-OWNED AUTOS ONLY	Y HIRED Y NON-OWNED						PROPERTY DAMAGE (Per accident)		\$			
l land							(i er decident)		\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
DED RETENTION \$	1								\$			
WORKERS COMPENSATION							PER STATUTE	OTH- ER	•			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$			
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A					9	E.L. DISEASE - EA E					
If yes, describe under DESCRIPTION OF OPERATIONS below							· · · · · · · · · · · · · · · · · · ·		-	19.		
B Accident/Medical			BSR-E951997-00	_	7/11/2023	7/11/2024	E.L. DISEASE - POL Maximum Benefit Lim		10,000	2		
	•		BOI1-2001007-00		771172023	771172024	WICKING TO BETTER CIT		10,00	•		
2												
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Location: Maplewood Memorial Park 580 Valley St. Maplewood, NJ 07040												
CERTIFICATE HOLDER	CANCELLATION											
Music & Arts Education Inc 25 Clinton Ave	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											
Maplewood NJ 07040	AUTHORIZED REPRESENTATIVE											



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/16/2024

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.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights				uch en	dorsement(s).	require an endor	rsement	. A st	atement on	
PRODUCER Olivier VenDuk Ingurence Argenty Ing						CONTACT Luke Johnson						
Olivier VanDyk Insurance Agency, Inc 2780 44th Street SW						PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No): 616-454-7					4-7100	
Wyoming MI 49519						E-MAIL ADDRESS: certificates@ovdinsurance.com						
'	,				INSURER(S) AFFORDING COVERAGE						NAIC#	
		INSURER A : Cincinnati Specialty Underwriters Ins Co						13037				
	URED	INSURER B : Great American Insurance Company										
	l Outdoor Amusements LLC Elmwood Drive				INSURER C:							
	nwood Park NJ 07407	INSURE										
					INSURER E: INSURER F:							
CO	VERAGES CEI	RTIF	CATI	E NUMBER: 1962379245								
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POL	REME TAIN, ICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUB	RESPEC	TO Y	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSC	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S		
^	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y		CSU 0191198		7/17/2023	7/17/2024	DAMAGE TO RENTER	D	\$ 1,000 \$ 100,0		
								PREMISES (Ea occurr MED EXP (Any one pe		\$ 0		
								PERSONAL & ADV IN		\$ 1,000	000	
	GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGA		\$ 2,000		
	POLICY PRO-							PRODUCTS - COMP/		\$ 2,000		
	OTHER									\$.000	
Α	AUTOMOBILE LIABILITY			CSU 0191198		7/17/2023	7/17/2024	COMBINED SINGLE L (Ea accident)	IMIT	\$ 1,000	,000	
	ANY AUTO							BODILY INJURY (Per	person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per	-	\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE		\$		
	AUTOS GIVET							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$ \$		
	DED RETENTIONS							NOONEOATE		\$ \$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	•		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT		\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EM				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		<u>s</u> S		
В	Accident/Medical			BSR-E951997-00		7/11/2023	7/11/2024	Maximum Benefit Limit		10,00	0	
							.,			• • •		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Location: Maplewood Memorial Park 580 Valley St. Maplewood, NJ 07040												
CE	RTIFICATE HOLDER	CANCELLATION										
Township of Maplewood Memorial Park 574 Valley St.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Maplewood NJ 07040	AUTHORIZED REPRESENTATIVE										



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/20/2024

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 notice/lies/ must have ADDITIONAL INSURED provisions

lf th	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to t	he te	rms and conditions of th	ne poli uch en	cy, certain pe dorsement(s	olicies may	require an endorsem	ent. A s	tatement on		
PRO	DUCER			CONTACT Luke Johnson								
278	vier VanDyk Insurance Agency, Inc 30 44th Street SW			PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No): 616					54-7100			
Wy	oming MI 49519			E-MAIL ADDRESS: certificates@ovdinsurance.com								
				INSURER(S) AFFORDING COVERAGE NAIC #								
				License#: 0007645	INSURE	13037						
INSU				NJOUTDO-01	INSURER B: Great American Insurance Company 1							
	Outdoor Amusements LLC Imwood Drive				INSURE							
	nwood Park NJ 07407				INSURE							
					INSURE	RE:						
					INSURE							
CO	VERAGES CER	TIFI	CATI	E NUMBER: 1019711393	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	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS			
A	X COMMERCIAL GENERAL LIABILITY	Υ		CSU 0191198		7/17/2023	7/17/2024	EACH OCCURRENCE	\$ 1,000	0,000		
	CLAIMS-MADE X OCCUR		1					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	000		
								MED EXP (Any one person)	\$0			
								PERSONAL & ADV INJURY	\$ 1,000	0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	0,000		
	POLICY FRO-	LICY PRO-						PRODUCTS - COMP/OP AG	G \$ 2,000	0,000		
	OTHER:								\$			
Α	AUTOMOBILE LIABILITY			CSU 0191198		7/17/2023	7/17/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000		
	ANY AUTO							BODILY INJURY (Per persor) \$			
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accide	nt) \$			
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s			
	DED RETENTION \$								s			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)		ĺ					E.L. DISEASE - EA EMPLOY	EE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	т \$			
В	Accident/Medical			BSR-E951997-00		7/11/2024	7/11/2025	Maximum Benefit Limit	10,00	00		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Event: 7/13/2024 - 7/14/2024 Event Location: Maplewood Memorial Park 580 Valley St. Maplewood, NJ 07040 Certificate holder is additional insured to the extent that coverage is provided in the following endorsement.												
CEF	RTIFICATE HOLDER			CANCELLATION								
The Friends of Maplewood Recreation Memorial Park						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Maplewood NJ 07040						AUTHORIZED REPRESENTATIVE						



Please note our procedures with regards to certificates of insurance:

The presence of Additional Insured (including blanket versions) and/or Waiver of Subrogation endorsements or policy language is denoted by a "Y" in the appropriate column on the certificate. In accordance with the ACORD 25 Certificate Forms Instruction Guide and in keeping with the directive set forth by the insurance department, the Description of Operations box will be used exclusively for the purpose prescribed on the form (description of operations, insured locations and insured vehicles, as applicable). The ACORD 101 form is designed as an extension of the ACORD 25 Description of Operations box and is similarly restricted in its use.

If you require specific wording in the Description of Operations box or special provisions apply, we will attach the corresponding endorsements which follow this letter.

Thank you for your understanding.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - YOUR OPERATIONS (LIMITED)

This endorsement modifies insurance provided under the following:

COMMERICAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s):

Any party for whom you are providing ongoing operations and the owner of the premises where the ongoing operations are being performed.

- A. SECTION II WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only to the extent that the liability for "bodily injury, "property damage" or "personal and advertising injury" is caused only by your negligent acts, errors or omissions in the performance of ongoing operations for additional insured shown in the schedule.
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- "Bodily injury", "property damage" or "personal and advertising injury" to any employee of you or to any obligation of the additional insured to indemnity another because of damages arising out of such injury.
- 2. "Bodily injury", "property damage" or "personal and advertising injury" for which the Named Insured is afforded no coverage under this policy of insurance.

C. With respect to the insurance afforded to these additional insureds, SECTION III - LIM-ITS OF INSURANCE is amended to include:

The limits applicable to the additional insured are those specified in any agreement or in the Declarations of this Coverage Part, whichever is less. If no limits are specified in the agreement, the limits applicable to the additional insured are those specified in the Declarations of this Coverage Part. The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

D. With respect to the insurance afforded to these additional insureds, SECTION IV -COMMERCIAL GENERAL LIABILITY CON-DITIONS, 4. Other Insurance is amended to include:

Any coverage provided herein will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless you have agreed that this insurance will be primary. This insurance will be noncontributory only if you have so agreed and this coverage is determined to be primary.