	ACORD CERT	FIFIC	ATE OF LIA	BIL	ITY IN	ISURA	NCE		E (MM/DD/YYYY)	
CE BE	IIS CERTIFICATE IS ISSUED AS A MATTE ERTIFICATE DOES NOT AFFIRMATIVELY (ELOW. THIS CERTIFICATE OF INSURANC EPRESENTATIVE OR PRODUCER, AND T	OR NEGAT	IVELY AMEND, EXTEND OR	ALTER	THE COVERA	GE AFFORDE	D BY THE POLICIES		. ,	
the	PORTANT: If the certificate holder is an AD e terms and conditions of the policy, certain p rtificate holder in lieu of such endorsement(s	olicies may								
	DUCER			CONTA	СТ					
First Place Insurance, Ltd 1275 Boardman-Poland Rd. P O Box 14340 Poland, OH 44514-7340 INSURED					NAME: PHONE 330.726.4636 FAX (A/C, No, Ext): 340.726.4636 (A/C, No, Ext): E-MAIL ADDRESS: ADDRESS:				.726.4635	
					PRODUCER CUSTOMER ID #: 00047111 INSURER(S) AFFORDING COVERAGE NAIC #					
					Just Bouncin LLC					INSURER B :
4913 Arbor Crest Ct					INSURER C :					
Monroe, MI 48161					INSURER D :					
			INSURER E :							
				INSURE						
	/ERAGES CER HIS IS TO CERTIFY THAT THE POLICIES C		ENUMBER: Just Bou				REVISION NUMBER:			
CE	DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PEI (CLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	RTAIN, THE	E INSURANCE AFFORDED B LIMITS SHOWN MAY HAVE I	Y THE I	POLICIES DES EDUCED BY F	CRIBED HERI		HE TE		
	GENERAL LIABILITY			06601	05/21/2011			\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	Exclude	
Α							PERSONAL & ADV INJURY	\$	1,000,00	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$	2,000,000	
							COMBINED SINGLE LIMIT			
							(Ea accident)	\$		
	ALL OWNED AUTOS						BODILY INJURY (Per person)	\$		
	SCHEDULED AUTOS						BODILY INJURY (Per accident	\$		
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
	NON-OWNED AUTOS							\$ \$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DEDUCTIBLE							\$		
	RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU- OTH TORY LIMITS ER	-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/ A					E.L. DISEASE - EA EMPLOYE	Е\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	n ACORD 101, Additional Remarks	Schedul	e, if more space	is required)				
CEF				CANC	ELLATION					
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
INFORMATIONAL PURPOSES ONLY IF YOU NEED TO BE ADDED AS AN ADDITIONAL INSURED- CONTACT AGENT					AUTHORIZED REPRESENTATIVE				m	
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