

River City Attractions INC.
18761 Bandera Hwy. # 4
Helotes, TX. 78023
Phone 210-695-8867
Fax 210-695-5124

For All Your Entertainment Needs!

Customer: City of Leon Valley
Date of Event: Oct.20, 2012
Times: 2 pm until 7 pm
Contact Name: Carlos Vera
Phone: 210-274-8372
E-Mail: wheelie1965@gmail.com

Description:

River City Attractions will provide a variety of rides to include:

- **Nascar Tubs of Fun**
- **Mindwinder Trill Ride**
- **Dragon Tales Playstation**
- **Rock Climbing Wall**
- **Inflatable Slide/moonwalk**
- **Bungee Trampoline**

River City Attractions will provide a variety of games and a food trailer to sell Funnel Cakes, Lemonade and Corndogs. After a guarantee of \$3000.00 has been met, 20% of the proceeds collected from the rides, food and games will pertain to the City of Leon Valley.

River City Attractions will provide a certificate of insurance naming the City of Leon Valley as the additional insured. Leon Valley will provide all of the necessary permits for the event.

Approved By: _____

Manuel Lopez
Ornel Wilton *10 12 12*

09-20-'12 16:20 FROM- Kaliff Insurance

12108297636

T-305 P0007/0008 F-773



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/20/2012

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kaliff Insurance P.O. Box 171225 San Antonio TX 78217-8225	CONTACT NAME: Madge Blurton	
	PHONE (A/C No. Ext.): (210) 829-7634	FAX (A/C No.): (210) 829-7636
E-MAIL ADDRESS: madge@kaliff.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: United States Fire Insurance		
INSURER B: General Star Indemnity Company		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 2012 Master **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	ADDL INSR	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			SRPG-101-US8200881	7/19/2012	7/19/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			IXG414751	7/19/2012	7/19/2013	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
ADDITIONAL INSURED AS RESPECTS TO INSURED'S OPERATIONS: City of Leon Valley
 For the dates: October 19-21, 2012

CERTIFICATE HOLDER

City of Leon Valley
 6400 El Verde Rd
 Leon Valley, TX 78238

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
 Mitchell Kaliff/MADGE *Mitchell N. Kaliff*