

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/27/2014

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).

	certificate holder in lieu of such end	rsen	ent(s	5).					70,,,,,,,	gine to the	
	RODUCER				NAM!	E: Leslie	Weseman				
KPD Insurance, Inc.					21101	PHONE (AIC, No. Ext):503-892-0550 FAX (AIC, No):503-892-0700					
10300 SW Greenburg Rd Ste 200  Portland OR 97223					E-MAIL ADDRESS: esliew@kpdinsurance.com						
					INSURER(S) AFFORDING COVERAGE NAIC #						
					INSU	INSURER A :Houston Specialty Ins Co.					
INSURED DREA01C						INSURER B :Ohio Security					
Dreamland Skateparks, LLC						INSURER C :Kinsale Insurance Company					
PMB# 384						INSURER D :					
960 SE Hwy 101 Lincoln City OR 97367					INSUE	INSURER E:					
Emoun Ony On 97007						INSURER F:					
C	OVERAGES CE	RTIF	CAT	E NUMBER: 164808691							
	THIS IS TO CERTIFY THAT THE POLICI	S OF	INSU	RANCE LISTED BELOW HA	VE BE	EN ISSUED TO	THE INSURE	ED NAMED ABOVE FOR T	HE POLI	CY PERIOD	
1 1	NDICATED. NOTWITHSTANDING ANY	REQUI	REME	NT. TERM OR CONDITION	OF AL	MY CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO V	WHICH THIS	
	CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	1 POL	I AIN, ICIES	THE INSURANCE AFFORD	BEEN	REDUCED BY	S DESCRIBE	D HEREIN IS SUBJECT TO	O ALL T	HE TERMS,	
INS		ADD	LSUBF	1		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	· C		
A	GENERAL LIABILITY	INSI	CLANAD	TEN13353		12/7/2013	12/7/2014				
	X COMMERCIAL GENERAL LIABILITY					12772070	12712014	DAMAGE TO RENTED	\$100000	0	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$50000		
	CEAIMS-MADE 11 OCCUR							MED EXP (Any one person)	\$5000		
			-			6		PERSONAL & ADV INJURY	\$100000		
	CENT ACCRECATE LIMIT APPLIES DED.							GENERAL AGGREGATE	\$200000		
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$200000	0	
В	AUTOMOBILE LIABILITY	-	-	BAS55822479		12/7/2013	12/7/2014	COMBINED SINGLE LIMIT			
	X ANY AUTO			DA335622479		12/12015	12/1/2014	(Ea accident) BODILY INJURY (Per person)	s100000	0	
	ALL OWNED SCHEDULED								S		
	X HIRED AUTOS X NON-OWNED							PROPERTY DAMAGE	s		
	A HIRED AUTOS AUTOS							(Per accident)	5		
С	UMBRELLA LIAB X OCCUB	+-	-	01000160010		12/7/2013	12/7/2014				
_	V TVATORIUM			01000100010		12/12013	12/12014		\$1,000,0		
	CDAIMS-MAD	-					-		\$1,000,0	00	
	DED   RETENTIONS   WORKERS COMPENSATION	1							\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE   Y / N							I TORY LIMITS   ER			
	OFFICER/MEMBER EXCLUDED?	NIA					-		\$		
	(Mandatory in NH) If yes, describe under						-	E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below	+	-					E.L. DISEASE - POLICY LIMIT	\$		
							İ				
DEE	I CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	155 11		CORD 404 Additional Remoder (	7 - h d - 1 -			<del></del>			
	ington-Fayette Urban County Gove							and incured per form C	C2010	(0704)	
out	only as per written contract.	Tille	111. 11	ie County, its officers a	agent	s are include	ed as additio	mai insured per ionn Ci	G2010	(0704)	
										1	
CE	RTIFICATE HOLDER				CANC	ELLATION					
					eno	III D ANV OF T	THE ABOVE DE	SCRIBED BOLICIES BE OA	NCELLE	DRECORE	
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
	Lexington- Fayette Urban County Government	ACC	ACCORDANCE WITH THE POLICY PROVISIONS.								
200 E Main St						UTION/TED DEDDESCRITATIVE					
Lovington KV 40507						UTHORIZED REPRESENTATIVE					
l Yr						1m /off					

#### HOUSTON SPECIALTY INSURANCE COMPANY

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### CG 20 10 07 04

# ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

Name of Additional Insured Person(s) Or Organizations (s):	Location(s) Of Covered Operations				
Only those parties required to be named as an Additional Insured in a written contract with the Named Insured under this policy, entered into prior to the "loss" or "occurrence".	ALL				
formation required to complete this Schedule, if not shown above, will be shown in the Declarations.					

- 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 with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions; or
  - 2. The acts or omissions of those acting on your behalf, in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.
- B. This insurance does not apply to "bodily injury", "property damage" occurring after:
  - All work, including materials, parts or equipment furnished in connection with such work, on the
    project (other than service, maintenance or repairs) to be performed by or on behalf of the
    additional insured(s) at the location of the covered operations has been completed; or
  - That portion of "your work" out of which the injury or damage arises has been to its intended use
    by any person or organization other than another contractor or subcontractor engaged in
    performing operations for a principal as a part of the same project.