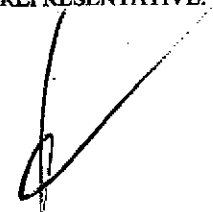


CERTIFICATE OF INSURANCE

PRODUCER: LESTER KALMANSON AGENCY, INC. &/OR MITCHEL KALMANSON P.O. BOX 940008 MAITLAND, FL 32794-0008 PH: (407) 645-5000 / FAX: (407) 645-2810 WWW.LKALMANSON.COM/ MITCHELK25@HOTMAIL.COM	DATE ISSUED: 06/19/2019 COMPANY: 100% CERTAIN UNDERWRITERS AT LLOYD'S / LONDON (CNP4)		
NAMED INSURED: MARIE & DENNY DICKENSON DBA GIDDY UP RANCH PONY RIDES & ZOO 8707 MESQUITE ST PHELAN, CA 92371	POLICY NUMBER: CNP18351 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;"> EFFECTIVE DATE: 03/04/2019 (BOTH DAYS AT 12:01 A.M. </td> <td style="width: 50%;"> EXPIRATION DATE: 03/04/2020 LOCAL STANDARD TIME) </td> </tr> </table>	EFFECTIVE DATE: 03/04/2019 (BOTH DAYS AT 12:01 A.M.	EXPIRATION DATE: 03/04/2020 LOCAL STANDARD TIME)
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COVERAGE INFORMATION			
THIS IS TO CERTIFY THAT THE POLICY(S) OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM(S) OR CONDITION(S) OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE(S) MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND/OR CONDITIONS OF SUCH POLICIES. LIMITS OF LIABILITY SHOWN MAY HAVE BEEN REDUCED BY ANY PAID CLAIMS.			
TYPE OF INSURANCE: <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> MANUSCRIPT POLICY FORM	LIMITS: GENERAL (ANNUAL) AGGREGATE: \$2,000,000.00 LIMITED PRODUCTS AGGREGATE \$ -0- PERSONAL & ADV. INJURY: \$ -0- EACH OCCURRENCE: \$1,000,000.00 FIRE DAMAGE (ANY ONE FIRE) \$ -0-		
RETRO DATE: 03/04/2016 (AT 12:01 A.M. LOCAL STANDARD TIME)			
*****PROOF OF INSURANCE*****			
CERTIFICATE ONLY VALID WITH ATTACHED ADDENDUM "B" WITH DESCRIPTION OF LIABILITY COVERAGE(S) AFFORDED EVENT DATE(S): VARIOUS THROUGHOUT POLICY PERIOD EVENT LOCATION: VARIOUS TRAVELING (USA) LOCATION(S)			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE(S) AFFORDED BY THE POLICY(S) LISTED. "LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"			
SHOULD ANY OF THE ABOVE DESCRIBED POLICY(S) BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u> 0 </u> DAYS' WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION(S) &/OR LIABILITY(S) OF ANY KIND UPON THE COMPANY, ITS AGENTS &/OR REPRESENTATIVES &/OR KALMANSON ET AL			
PROOF OF INSURANCE: <p style="text-align: center;">PROOF OF INSURANCE ONLY</p>	AUTHORIZED REPRESENTATIVE: <div style="text-align: center;">  </div> X _____ MITCHEL KALMANSON / PRESIDENT		

ADDENDUM " B " FOR :

ASSURED: MARIE & DENNY DICKENSON DBA GIDDY UP RANCH PONY RIDES & ZOO

AGENCY: LESTER KALMANSON AGENCY INC. &/OR MITCHEL KALMANSON
P.O. BOX 940008 / 235 S. MAITLAND AVENUE SUITE 201
MAITLAND, FLORIDA - U.S.A. - 32751
PH: 407-645-5000 FAX: 407-645-2810 EMAIL: MITCHELK25@HOTMAIL.COM

POLICY PERIOD / TERM: 03/04/2019 TO 03/04/2020 TERM: ANNUAL
(BOTH DAYS 12:01 AM LOCAL STANDARD TIME)

POLICY NUMBER: CNP18351

DESCRIPTION OF THE MANUSCRIPT CLAIMS MADE LIABILITY INSURANCE COVERAGE AFFORDED:

- A) COMMERCIAL EQUINE ANIMAL OWNER'S LIABILITY COVERAGE IS AFFORDED FOR VARIOUS OWNED PONIES TO BE USED TO GIVE RIDES TO THE GENERAL PUBLIC &/OR INVITEE(S) FOR CONSIDERATION WHILE BEING HAND LED &/OR ON A SWEEP AT ALL TIMES, OPERATED BY THE NAMED INSURED &/OR THEIR EMPLOYEE(S) ONLY WHILE AT VARIOUS TRAVELING (USA) LOCATIONS ONLY, WHILE OFF THE NAMED INSUREDS DESIGNATED PREMISES.
- B) COMMERCIAL ANIMAL OWNER'S LIABILITY COVERAGE IS AFFORDED FOR VARIOUS OWNED DROMEDARY CAMELS TO BE USED TO GIVE RIDES TO THE GENERAL PUBLIC &/OR INVITEE(S) FOR CONSIDERATION WHILE BEING HAND LED BY THE NAMED INSURED &/OR THEIR EMPLOYEE(S) ONLY WHILE AT VARIOUS TRAVELING (USA) LOCATIONS ONLY.
- C) PREMISES LIABILITY COVERAGE IS AFFORDED FOR THE SET-UP, USE &/OR TAKE DOWN OF THE NAMED INSURED'S OWNED EQUIPMENT TO BE USED IN CONJUNCTION WITH THE NAMED INSURED'S COMMERCIAL EXOTIC / DOMESTIC ANIMAL OPERATION(S) / ACTIVITY(S) WHILE UNDER THE DIRECT CONTROL / SUPERVISION FOR THE NAMED INSURED &/OR THEIR EMPLOYEE(S) ONLY, WHILE AT VARIOUS TRAVELING (USA) LOCATIONS ONLY, WHILE OFF THE NAMED INSUREDS DESIGNATED PREMISES.
- E) COMMERCIAL FARM & DOMESTIC ANIMAL OWNER'S LIABILITY COVERAGE IS AFFORDED FOR A TRAVELING PETTING ZOO USING VARIOUS OWNED FARM / DOMESTIC TYPE ANIMAL(S) TO BE USED FOR DISPLAY / EXHIBITION PURPOSES, INCLUDING PUBLIC CONTACT WHILE UNDER THE DIRECT CONTROL &/OR SUPERVISION OF THE NAMED INSURED &/OR THEIR EMPLOYEE(S) WHILE AT VARIOUS TRAVELING (USA) LOCATIONS ONLY, WHILE OFF THE NAMED INSUREDS DESIGNATED PREMISES.
- F) COMMERCIAL ANIMAL OWNER'S LIABILITY COVERAGE IS AFFORDED FOR A TRAVELING PETTING ZOO USING VARIOUS OWNED ANIMAL(S) (IE. BABY ZEBRA, MINI YAK & PARROT) TO BE USED FOR DISPLAY / EXHIBITION PURPOSES WHILE UNDER THE DIRECT CONTROL &/OR SUPERVISION OF THE NAMED INSURED &/OR THEIR EMPLOYEE(S) WHILE AT VARIOUS TRAVELING (USA) LOCATIONS ONLY, WHILE OFF THE NAMED INSUREDS DESIGNATED PREMISES.

WARRANTED:

1. LIABILITY COVERAGE FOR ANY COMMUNICABLE &/OR INFECTIOUS DISEASES &/OR BACTERIA ARE SPECIFICALLY EXCLUDED UNLESS OTHERWISE ENDORSED HERETO &/OR HEREUNDER & AN ADDITIONAL PREMIUM IS CHARGED.
2. NAMED INSURED MUST MAINTAIN ALL (APPLICABLE) LOCAL, COUNTY, STATE & /OR FEDERAL LICENSE(S), &/OR PERMIT(S) &/OR REGISTRATION(S) NECESSARY TO OWN &/OR POSSESS ANY EXOTIC(S), DOMESTIC(S) ANIMAL(S) &/OR WILDLIFE TO BE INSURED HEREIN &/OR HERETO.
3. NAMED INSURED MUST MEET &/OR EXCEED ANY MINIMUM STANDARDS SET FORTH BY LOCAL, COUNTY, STATE &/OR FEDERAL (REGULATORY) ANIMAL AGENCY(S).

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED

A D D E N D U M " B " F O R :

ASSURED: MARIE & DENNY DICKENSON DBA GIDDY UP RANCH PONY RIDES & ZOO

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DESCRIPTION OF THE MANUSCRIPT CLAIMS MADE LIABILITY INSURANCE COVERAGE AFFORDED:

WARRANTED (CONT'D):

4. LIABILITY COVERAGE FOR ANY COMMUNICABLE &/OR INFECTIOUS DISEASES &/OR BACTERIA ARE SPECIFICALLY EXCLUDED UNLESS OTHERWISE ENDORSED HERETO &/OR HEREUNDER & AN ADDITIONAL PREMIUM IS CHARGED.
5. NAMED INSURED MUST MAINTAIN ALL (APPLICABLE) LOCAL, COUNTY, STATE & /OR FEDERAL LICENSE(S), &/OR PERMIT(S) &/OR REGISTRATION(S) NECESSARY TO OWN &/OR POSSESS ANY EXOTIC(S), DOMESTIC(S) ANIMAL(S) &/OR WILDLIFE TO BE INSURED HEREIN &/OR HERETO.
6. NAMED INSURED MUST MEET &/OR EXCEED ANY MINIMUM STANDARDS SET FORTH BY LOCAL, COUNTY, STATE &/OR FEDERAL (REGULATORY) ANIMAL AGENCY(S).
7. COMMERCIAL ANIMAL OWNER'S LIABILITY COVERAGE IS SPECIFICALLY EXCLUDED FOR ANY NON-OWNED ANIMAL(S) UNLESS OTHERWISE ENDORSED HERETO &/OR HEREUNDER & AN ADDITIONAL PREMIUM IS CHARGED.
8. LIABILITY COVERAGE AFFORDED IS LIMITED TO DIRECT (THIRD PARTY) BODILY INJURY &/OR PROPERTY DAMAGE CAUSED BY THE VARIOUS OWNED CAMEL(S) / PONY(S) / FARM &/OR DOMESTIC ANIMALS ONLY, UNLESS OTHERWISE STATED &/OR ENDORSED HERETO & AN ADDITIONAL PREMIUM IS CHARGED.
9. ANIMAL MORTALITY COVERAGE IS SPECIFICALLY EXCLUDED FROM THIS POLICY UNLESS OTHERWISE STATED &/OR ENDORSED HERETO &/OR HEREUNDER AND AN ADDITIONAL PREMIUM IS CHARGED.
10. LIABILITY COVERAGE FOR ANY OTHER COMMERCIAL ACTIVITY(S) &/OR OPERATION(S) ARE SPECIFICALLY EXCLUDED FROM THIS POLICY, UNLESS OTHERWISE STATED &/OR ENDORSED HERETO &/OR HEREUNDER AND AN ADDITIONAL PREMIUM IS CHARGED.
11. WORKER'S COMPENSATION / EMPLOYER'S LIABILITY COVERAGE IS SPECIFICALLY EXCLUDED FROM THIS POLICY FOR INJURY TO ANY EMPLOYEE(S) &/OR INDEPENDENT CONTRACTOR(S) &/OR VOLUNTEER(S).
12. LIABILITY COVERAGE AS STATED HEREIN &/OR HERETO IS EXCESS OVER ANY OTHER VALID &/OR COLLECTIBLE POLICY(S) IN RESPECTS OF THE SCHEDULED INSURED'S OPERATION(S) / EXPOSURE(S) AS STATED HEREIN &/OR HERETO.

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED
