

# EXHIBIT B



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/10/2025

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).

<b>PRODUCER</b> LRA Insurance P.O. Box 948173 Maitland FL 32794		<b>CONTACT</b> NAME: Karen Slater-Jones PHONE (A/C No Ext): (407) 838-3445 FAX (A/C No): (407) 838-3460 E-MAIL ADDRESS: KSlater-Jones@lrainsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: Certain Underwriters at Lloyds	32727
		INSURER S: Westchester Surplus Lines Ins Co	010172
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

### COVERAGES

CERTIFICATE NUMBER: 24-25 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	ADOL SUBR INSD WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	ZISMP027108	10/22/2024	10/22/2025	EACH OCCURRENCE
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)
						\$ 300,000
						MED EXP (Any one person)
						\$ Excluded
						PERSONAL & ADV INJURY
						\$ 1,000,000
						GENERAL AGGREGATE
						\$ 2,000,000
	PRODUCTS - COMP/OP AGG	\$ 2,000,000				
	Accident Only Coverage	\$ 1,000,000				
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO					\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				\$
	<input type="checkbox"/> BODILY INJURY (Per accident)					\$
	<input type="checkbox"/> PROPERTY DAMAGE (Per accident)					\$
	<input type="checkbox"/> UMBRELLA LIAB					\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE				\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					AGGREGATE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT
						\$
						E.L. DISEASE - EA EMPLOYEE
						\$
						E.L. DISEASE - POLICY LIMIT
						\$
B	General Liability - Warehouse		3AA835616	10/22/2024	10/22/2025	Aggregate
						2,000,000
						Per claim
						1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: 11/15/25 Event Certificate holder is included as additional insured with respects to the General Liability coverage where required by written contract.

### CERTIFICATE HOLDER

### CANCELLATION

Saint Andrew's Chapel  
 5525 Wayside Dr  
 Sanford, FL 32771

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

B Tomlinson/KSLATE

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/14/2025

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<b>PRODUCER</b> Richey Insurance Agency Inc 235 Bellagio Circle Sanford, FL 32771	<b>CONTACT NAME:</b> Mike E. Richey <b>PHONE (A/C, No, Ext):</b> (407) 321-8898 <b>E-MAIL ADDRESS:</b> mike@richeyinsuranceagency.com <b>FAX (A/C, No):</b> (407) 321-2851
<b>INSURED</b> SAINT ANDREWS CHAPEL 5525 Wayside Dr Sanford, FL 32771	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: GUIDEONE MUTUAL INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	<b>NAIC #</b> 15032

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER:		1261 838	03/31/2025	03/31/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	1221 320	03/31/2025	03/31/2026	PER STATUTE OTH-ER E.I. EACH ACCIDENT \$ 100,000 E.I. DISEASE - EA EMPLOYEE \$ 100,000 E.I. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Insured's 11/15/25 Fall Festival to be held at: 5525 Wayside Dr., Sanford, FL 32771

Seminole County, Florida will be added as Additional Insured and a Waiver of Subrogation will apply, pending permit approval.

NOTE: COI revised 7/14/25 to show Workers Compensation coverage-

**CERTIFICATE HOLDER****CANCELLATION**SEMINOLE COUNTY, FL  
1101 E FIRST ST  
SANFORD, FL 32771

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

*Mike E. Richey*

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# CERTIFICATE OF LIABILITY INSURANCE

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07/09/2025

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PRODUCER 386-775-1781  
First Commercial Insurance Agency  
P.O. Box 295

CONTACT NAME: First Commercial Insurance Agency

PHONE (A/C, No., Ext): 386-775-1781

FAX (A/C, No.):

E-MAIL: insuranceguy@cfl.rr.com

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A: BEAZLEY / CERTAIN UNDERWRITERS A 37540

INSURER B: INFINITY ASSUR INS CO 39497

INSURER C: MARKEL INSURANCE COMPANY 38970

INSURER D:

INSURER E:

INSURER F:

Cassadaga, FL 32706

INSURED 4072772286

Bounce Orlando LLC

2922 N. Forsyth Rd

Winter Park, FL 32792

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 3 Yr Built In Reporting Form <input checked="" type="checkbox"/> Retroactive Date: 05/18/2021 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	ZISMB1508 04	05/18/2025	05/18/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		50024474901	06/05/2025	06/05/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	MWC0174404-05	10/16/2024	10/16/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Amusement Device Rentals

The Certificate Holder is named as Additional Insured regards the general liability policy for all events.

**CERTIFICATE HOLDER**

Saint Andrew's Chapel  
5525 Wayside Drive  
Sanford, FL 32771

**CANCELLATION**

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