



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/27/2016

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<br>XYZ Insurance Co<br>1234 Sunset Blvd<br>Los Angeles, CA 90028            | CONTACT NAME: | <b>Insurance Provider</b> 14  | FAX (A/C, No): |
|  | ADDRESS       | INSURER(S) AFFORDING COVERAGE |                |
| INSURED<br>XYZ Productions, Inc.<br>1234 Santa Monica Blvd.<br>Los Angeles, CA 90069 | INSURER A :   | NAIC #                        |                |
|  | INSURER B :Ha |                               |                |
|  | INSURER E :   |                               |                |
|  | INSURER F :   |                               |                |

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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 SUBR INSD WVD | POLICY NUMBER | POLICY PERIOD | POLICY PERIOD | COVERAGE                                  | LIMIT        |
|----------|---|--------------------|---------------|---------------|---------------|---|--------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |                    |               | 1/12/2016     | 1/12/2017     | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|          |   |                    |               |               |               | MED EXP (Any one person)                  | \$ 300,000   |
|          |   |                    |               |               |               | PERSONAL & ADV INJURY                     | \$ 10,000    |
|          |   |                    |               |               |               | GENERAL AGGREGATE                         | \$ 1,000,000 |
|          |   |                    |               |               |               | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |

|   |   |                                 |   |           |           |                                     |              |
|---|---|---------------------------------|---|-----------|-----------|-------------------------------------|--------------|
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br>ANY AUTO ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS | SCHEDULED AUTOS NON-OWNED AUTOS | Hired Auto Physical Damage<br>\$50,000 Limit or ACV<br>\$1,000 Comprehensive Ded<br>\$1,000 Collision Ded | 1/12/2016 | 1/12/2017 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
|   |   |                                 |   |           |           | BODILY INJURY (Per person)          | \$           |
|   |   |                                 |   |           |           | BODILY INJURY (Per accident)        | \$           |
|   |   |                                 |   |           |           | PROPERTY DAMAGE (Per accident)      | \$           |
|   |   |                                 |   |           |           |                                     | \$           |

|  |             |     |              |  |  |                 |    |
|--|-------------|-----|--------------|--|--|-----------------|----|
|  | EXCESS LIAB | DED | RETENTION \$ |  |  | EACH OCCURRENCE | \$ |
|  |             |     |              |  |  | AGGREGATE       | \$ |
|  |             |     |              |  |  |                 | \$ |

|  |  |     |     |  |  |                             |        |
|--|--|-----|-----|--|--|-----------------------------|--------|
|  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A |  |  | PER STATUTE                 | OTH-ER |
|  |  |     |     |  |  | E.L. EACH ACCIDENT          | \$     |
|  |  |     |     |  |  | E.L. DISEASE - EA EMPLOYEE  | \$     |
|  |  |     |     |  |  | E.L. DISEASE - POLICY LIMIT | \$     |

|   |   |  |  |           |           |            |         |
|---|---|--|--|-----------|-----------|------------|---------|
| A | Misc Owned/Rented Equipment<br>Special Form/Repl Cost |  |  | 1/12/2016 | 1/12/2017 | Limit      | 520,000 |
|   |   |  |  |           |           | Deductible | \$2,500 |

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

**CERTIFICATE HOLDER**                      **CANCELLATION**

|  |   |  |
|--|---|--|
| Geronimo Creek, Inc.<br>Attn: Brett Carleton<br>P.O. Box 6006<br>Burbank, CA 91510 | <b>Geronimo Creek named as certificate holder</b> | 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<br>  |

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