ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/	(YYYYQC

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 WAVED, 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) CONTACT NAME: PHONE GOOD INSURANCE CO., INC (A/C, No. EXT) (A/C, No) 987 COMMON AVE. ADDRESS LOS ANGELES, CA 90024 PRODUCER (310) 555-5309 CUSTOMER IDA INSURER(S) AFFORDING COVERAGE NAIC # INSURED INSURER A: Employers Fire Insurance Company INSURER B: ABC PRODUCTION COMPANY INSURER C: 1234 GENERIC STREET INSURER D: INSURER E: LOS ANGELES, CA 90025 INSURER F: **REVISION NUMBER:** COVERAGES CERTIFICATE 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. POLICY EXP SUBA POLICY EFF POLICY NUMBER TYPE OF INSURANCE LTR GENERAL LIABILITY EACH OCCURRENCE \$1,000,000 A DAMAGES TO RENTED COMMERICAL GENERAL LIABILITY \$1,000,000 PREMISES (Ea occurrence) CLAIMS MADE OCCURRENCE MED EXP (Any one parson) \$10,000 XXXXXXXXX PERSONAL & ADV INJURY \$1,000,000 3/18/2011 3/18/2012 х GENERAL AGGREGATE \$2,000,000 PRODUCTS ~ COMP/OP AGG \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY COMBINEO SINGLE LIMIT \$1,000,000 (En accident) ANY AUTO BODILY INJURY \$ ALL OWNED AUTOS (Per person) 3/18/2011 3/18/2012 BODILY INJURY s SCHEDULED AUTOS XXXXXXXX х PROPERTY DAMAGE M HIRED AUTOS \$ (Per accident) NON-OWNED AUTOS s \$ UMBRELLA LIAB X OCCUR EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 EXCESS LIAB CLAIMS-MADE 3/18/2012 3/18/2011 DEDUCTIBLE \$ RETENTION S \$ WORKERS COMPENSATION WC STATUTORY A отнея AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/ □ INCL \$ 1,000,000 E.L. EACH ACCIDENT EXECUTIVE OFFICERA MEMBER EXCLUDEO? 3/18/2011 3/18/2012 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATION E.L. DISEASE - POLICY LIMIT \$1,000,000 DEDUCTIBLE LIMIT A \$1,000,000 MISCELLANEOUS EQUIPMENT \$2,500 XXXXXXXXX 3/18/2011 3/18/2012 THIRD PARTY PROPERTY DAMAGE \$1,000,000 \$2,500 PROPS/SETS/WARDROBE \$1,000,000 \$2,500 DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLE OR RETENTIONS Certificate Holder is included as an Additional Insured and/or Loss Payee as their interest may appear but only as respect to operations of the Named Insured and as required by contract. CERTIFICATE HOLDER CANCELLATION Lennie Marvin SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE 3110 Winona Avenue THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROMISIONS Burbank, CA 91504-2542 818-841-5882 f: 818-841-2896 Jane Dow Ву: