

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT NAME:				
Your insurance Provider	PHONE (A/C, No, Ext): FAX (A/C, No):				
Address	E-MAIL ADDRESS:				
Phone	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A:				
INSURED	INSURER B:				
Your Company Name	INSURER C:				
Address	INSURER D :				
Phone	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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR TYPE OF INSURANCE ADDLISUBR POLICY NUMBER (MM/DD/YYYY) LIMITS LTR TYPE OF INSURANCE INSO WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY)									
E OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
S-MADE X OCCUR			Policy # here			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 1,000,000 \$ 1,000,000 \$ 5,000 \$ 1,000,000		
ATE LIMIT APPLIES PER: PRO- JECT LOC				†	1	GENERAL AGGREGATE PRODUCTS - COMPIOP AGG	\$ 1,000,000 \$ 2,000,000 \$		
SCHEDULED AUTOS NON-OWNED AUTOS				cover	rental	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$		
LIAB OCCUR AB CLAIMS-MADE						EACH OCCURRENCE AGGREGATE	\$ \$		
ented ent	N/A		Policy # here	<u>†</u>	+	\$100,000 Equipment Value Coverage \$1,000 Deductable			
	E OF INSURANCE AL GENERAL LIABILITY S:MADE X OCCUR ATE LIMIT APPLIES PER: PRO- JECT LOC ABILITY SCHEDULED AUTOS NON-OWNED AUTOS LIAB OCCUR RB CLAIMS-MADE RETENTION \$	E OF INSURANCE ADDLINSO AL GENERAL LIABILITY S-MADE X OCCUR ATE LIMIT APPLIES PER: PRO- JECT LOC ABILITY SCHEDULED AUTOS NON-OWNED AUTOS LIAB OCCUR CLAIMS-MADE RETENTION\$	ADDL SUBR INSD WVD AL GENERAL LIABILITY S-MADE X OCCUR ATE LIMIT APPLIES PER: PROJECT LOC ABILITY SCHEDULED AUTOS NON-OWNED AUTOS AUTOS LIAB OCCUR AB CLAIMS-MADE RETENTION\$	ADDL SUBR INSD WYD POLICY NUMBER AL GENERAL LIABILITY S-MADE X OCCUR Policy # here ABILITY ABILITY SCHEDULED AUTOS NON-OWNED AUTOS AUTOS ABILITY LIAB OCCUR RETENTION\$	E OF INSURANCE ADDLISUBR INSD WYD POLICY NUMBER POLICY FFF (MM/DD/YYYY) AL GENERAL LIABILITY S-MADE X OCCUR POLICY # here ATE LIMIT APPLIES PER: PRO- JECT LOC ABILITY Dates COVER INSURANCE AUTOS NON-OWNED AUTOS AUTOS RETENTION\$ RETENTION\$	ADDL SUBR INSD WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) AL GENERAL LIABILITY S-MADE X OCCUR Policy # here TE LIMIT APPLIES PER: PRO JECT LOC ABILITY Dates must cover rental period LIAB OCCUR RETENTION\$ RETENTION\$	E OF INSURANCE ADDLISUBR INSD WYD POLICY NUMBER POLICY EFF (MM/DD/YYYY) AL GENERAL LIABILITY S-MADE X OCCUR POLICY # here POLICY # here POLICY EFF (MM/DD/YYYY) EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG COMBINED SINGLE LIMIT (Ea accident) BOOILY INJURY (Per person) BOOILY INJURY (Per person) BOOILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE RETENTION \$ S100,000 Equipment		

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

"Certificate holder is additionally insured and loss payee."

DEDOLIGHT CALIFORNIA, inc. 130 E. Prospect Ave. SHOULD ANY OF THE ABOVE DESCRIBED THE EXPIRATION DATE THEREOF, NO ACCORDANCE WITH THE POLICY PROVISION.	OTICE WILL BE DELIVERED IN
Burbank, CA 91502	