

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) Current date

| 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 DEPRESENTATIVE OF PRODUCER AND THE CERTIFICATE HOLDER | | | | | | | |
|--|--|---------------------------------|---|----------------------------|--------------------------|--------------------|--|
| REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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: | | | | |
| INSURANCE AGENCY | | | PHONE FAX (A/C, No, Ext): (A/C, No): | | | | |
| | | | E-MAIL ADDRESS: | | | | |
| | | | INSURER(S) AFFORDING COVERAGE NAIC | | | | |
| · | | | INSURER A: A.M. BEST'S A X or higher | | | | |
| INSURED | | | INSURER B : | | | | |
| LESSEE, RENTER, or VENDOR | | | INSURER C : | | | | |
| | | | INSURER D : | | | | |
| | | | INSURER E : | | | | |
| | | | INSURER F : | | | | |
| COVERAGES CER | 3 | | 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 TYPE OF INSURANCE | ADDL SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | 3 | |
| | | | | | EACH OCCURRENCE | \$ 1,00 | 00,000 |
| | | | | | PREMISES (Ea occurrence) | \$ | 50,000 |
| | | | | | | \$ | 5,000 |
| | | | | | | 10001000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | _,- | 00,000 |
| | | | | | | <u>\$2,0</u> \$ | 00,000 |
| OTHER: AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT | | |
| | | | | | | <u>* 1,0</u> \$ | 00,000 |
| | | | | | | \$ | |
| X AUTOS ONLY AUTOS HIRED NON-OWNED | | | | | PROPERTY DAMAGE | \$ | |
| X AUTOS ONLY X AUTOS ONLY | | | | | (Per accident) | \$ | |
| UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | \$ | ······································ |
| EXCESS LIAB CLAIMS-MADE | | | | | | \$ | ······································ |
| DED RETENTION \$ | | | | | | \$ | |
| WORKERS COMPENSATION | | | | | PER OTH- STATUTE ER | • | |
| AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | \$ 1.0 | 00.000 |
| (Mandatory in NH) | | | | | | | 00,000 |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | 00,000 |
| | | | | | | ,0 | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (ACORD 101 | 1, Additional Remarks Schedule. | may be attached if more | space is required) | | | |
| Rock Paradise is included as Additional Insured as respects Operations conducted on premises of, and/or Products or Equipment leased or rented from Rock Paradise. | | | | | | | |
| CERTIFICATE HOLDER CANCELLATION | | | | | | | |
| Rock Paradise 9144 Deering Avenu | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| Chatsworth, CA 91311 | | | AUTHORIZED REPRESENTATIVE | | | | |
| | | | | | | | |

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