

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 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).										
PR	ODUCER		CONTACT NAME:							
INSURANCE AGENCY					PHONE FAX (A/C, No, Ext): (A/C, No):					
INSURANCE AGENCY					E-MAIL ADDRESS:					
				INSURER(S) AFFORDING COVERAGE NAIC #					IC#	
				INSURER A: A.M. BEST'S A X or higher						
INSURED				INSURER B:						
				INSURER C :						
	LESSEE, RENTER, or VENDOR			INSURER D						
				INSURER E						
				INSURER F						
COVERAGES CERTIFICATE NUMBER: CL211293704										
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.										
INS LTF	TYPE OF INSURANCE ADDL SUBR POLICY NUMBER				POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS					
<u> </u>	X COMMERCIAL GENERAL LIABILITY	INOD				(IIIIII)	EACH OCCURRENCE	\$ 1,000,000		
Α	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)			
	GEAING WASE X GOOGH						MED EXP (Any one person)	30,000		
							PERSONAL & ADV INJURY	\$ 5,000 \$ 1.000.000		
	GEN'L AGGREGATE LIMIT APPLIES PER:	.					GENERAL AGGREGATE	.,,		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$ 2,000,000		
	OTHER:						FRODUCTS - COMPTOF AGG	\$ 2,000,000) <u> </u>	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$ 1.000.000		
١,	ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$		
A	OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
	X AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE	\$		
	X AUTOS ONLY X AUTOS ONLY						(Per accident)	\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$						AGGILGATE	\$		
	WORKERS COMPENSATION						PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EYECUTIVE						E.L. EACH ACCIDENT	£ 1,000,000		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		
	DESCRIPTION OF OPERATIONS BEIOW						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
GIL & ROY STUDIOS, AND GIL & ROY LLC are included as Additional Insured as respects Operations conducted on premises of, and/or Products										
or Equipment leased or rented from GIL & ROY STUDIOS, AND GIL & ROY LLC.										
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	ERTIFICATE HOLDER		CANCE	CANCELLATION						
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW					Outomate (190)					
Gil & Roy Studios					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Gil & Roy Props							F, NOTICE WILL BE DELIVER	RED IN		
Gil & Roy, LLC				ACCORDANCE WITH THE POLICY PROVISIONS.						
2805 Gilroy Street				AUTHORIZED REPRESENTATIVE						
Los Angeles CA 90039										
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