

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/06/2019

	LUKEG

BRILSCR-01

CI	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS	VEL	Y OF	R NEGATIVELY AMEND,	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	E POLICIES
R	EPRESENTATIVE OR PRODUCER, AN IPORTANT: If the certificate holder	ID TH	IE C	ERTIFICATE HOLDER.						
lf th	SUBROGATION IS WAIVED, subjection is certificate does not confer rights to	t to	the	terms and conditions of	the poli	icy, certain p	policies may			
PRO	DUCER License # 0252636				CONTAC	т				
Unit	ed Agencies			-	PHONE (A/C, No, Ext): (818) 295-2200 FAX (A/C, No): (818) 295-2201					
	No. 1st Street, Ste. 301 bank, CA 91502			-	E-MAIL			(A/C, NO).	010/1	
Duit	Jank, CA 91302			-	ADDRES					NAIG #
				-						NAIC #
INSU					INSURER A : Great Divide Insurance Company					23224
11130				-	INSURE					
	Brilliant Screen Studios 829 N. Garfield Ave.			-	INSURE					
	Pasadena, CA 91104			-	INSURE					
				-	INSURE					
					INSURE	R F :				
				ENUMBER:				REVISION NUMBER:		
IN Ce	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH F	equii Pert Polic	REME FAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	N OF AI	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY					. ,		EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			CNA7508330-10		03/02/2019	03/02/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	1,000,000
	OTHER:							FRODUCTS - COMP/OF AGG	\$	
Α								COMBINED SINGLE LIMIT	\$ \$	1,000,000
	ANY AUTO		CAA7502753-11	CAA7E007E0 44	03/02/2019 03/02/2020	03/02/2020	(Ea accident)			
	OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY			GAA7502755-11		BODILY INJURY (Per person)	\$			
	AUTOS ONLY A AUTOS HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
									\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE			CUA7502755-11		03/02/2019	03/02/2020	AGGREGATE	\$	2,000,000
	DED RETENTION \$								\$	2,000,000
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WCA7502754-11				PER STATUTE X OTH- ER		
						03/02/2019	03/02/2020	E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α	Equipment Floater			CNA7508330-10		03/02/2019	03/02/2020	Rented Equipment	~	750,000
								-		
The o	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL city of Burbank and its officers, employe ormance of services hereunder.	.ES (A ees, a	corr	0 101, Additional Remarks Schedul ts and volunteers are name	e, may be ed addit	attached if mor ional insured	e space is requir Is with respe	^{ed)} ct to liabilities arising out	of the	

CERTIFICATE HOLDER	CANCELLATION
PA Nation 2808 Birch Street Alhambra CA 91801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Amambra CA 91001	AUTHORIZED REPRESENTATIVE
	Lule Win

ACORD 25 (2016/03)

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