



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/19

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 HUB INTERNATIONAL INSURANCE SERVICES, LLC 16030 VENTURA BLVD #500 ENCINO, CA 91436 | CONTACT NAME: DANY RODRIGUEZ | |
| | PHONE (A/C, No, Ext): (818) 770-3112 | FAX (A/C, No): (818) 638-8547 |
| | E-MAIL ADDRESS: DANY.RODRIGUEZ@HUBINTERNATIONAL.COM | |
| | PRODUCER CUSTOMER ID #: | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED SOUTH BAY PRODUCTIONS, LLC. 6381 HOLLYWOOD BLVD, LOS ANGELES, CA 90028-6324 | INSURER A: ATLANTIC SPECIALTY INSURANCE COMPANY | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

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.

| INSR LTR | TYPE OF INSURANCE | ADDL LTR | SBUR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|---|--|--------------|----------|---|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | X | | CP05822-04 | 07/13/2019 | 07/13/2020 | EACH OCCURRENCE |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) |
| | | | | | | | \$ 1,000,000 |
| | | | | | | | MED EXP (Any on person) |
| | | | | | | | \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY |
| <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | \$ 1,000,000 | | | | | |
| | | | | | | | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG |
| | | | | | | | \$ 1,000,000 |
| | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY | X | | CP05822-04 *MP00834-04 DEDUCTIBLE 10% OF LOSS, SUBJECT TO \$2,500 MIN / \$7,500 MAX | 07/13/2019 | 07/13/2020 | COMBINED SINGLE LIMIT (Ea accident) |
| | <input type="checkbox"/> ANY AUTO | | | | | | \$ 1,000,000 |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per person) |
| | <input type="checkbox"/> SCHEDULE AUTOS | | | | | | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | BODILY INJURY (Per accident) |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | \$ |
| | <input checked="" type="checkbox"/> PHYSICAL DAMAGE* | | | | | | PROPERTY DAMAGE (Per accident) |
| | \$ | | | | | | |
| | \$ | | | | | | |
| | \$ | | | | | | |
| | \$ | | | | | | |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | X | | EX02391-04 | 07/13/2019 | 07/13/2020 | EACH OCCURRENCE |
| | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ 10,000,000 |
| | DEDUCTIBLE | | | | | | AGGREGATE |
| | RETENTION \$ | | | | | | \$ 10,000,000 |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y/N | N/A | | | | WC STATUTORY LIMIT |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | OTHER |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. EACH ACCIDENT |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE |
| | | | | | | | E.L. DISEASE - POLICY LIMIT |
| | | | | | | | |
| A | PRODUCTION PACKAGE | N/A | | MP00834-04 | 07/13/2019 | 07/13/2020 | LIMIT: \$1,000,000 DEDUCTIBLE: \$2,500 |
| | THIRD PARTY PROPERTY DAMAGE MISCELLANEOUS EQUIPMENT PROPS / SETS / WARDROBE | | | | | | LIMIT: \$2,000,000 DEDUCTIBLE: \$2,500 LIMIT: \$1,000,000 DEDUCTIBLE: \$2,500 |

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

CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY OR AUTO LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE POLICY BUT ONLY AS RESPECTS THEIR AGREEMENT WITH THE NAMED INSURED FOR THE RENTAL OR LEASE OF PROPS, SETS, & WARDROBE, EQUIPMENT, VEHICLES OR PREMISES FOR THE PRODUCTION: "WIRELESS"

CERTIFICATE HOLDER

CANCELLATION

Weber County
444 24th Street
Ogden UT 84401-1473

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED EFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE