



DATE (MM/DD/YYYY)

04/15/21

## CERTIFICATE OF LIABILITY INSURANCE

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).

<b>PRODUCER:</b> Aon/Albert G. Ruben Insurance Services, Inc. <input type="checkbox"/> 15303 Ventura Blvd. <input type="checkbox"/> 12th Floor <input type="checkbox"/> Sherman Oaks, CA 91403	<b>CONTACT NAME:</b> Christian Aguilar <b>PHONE</b> (A/C, No, Ext): 818-742-0848 <b>FAX</b> (A/C, No): <b>E-MAIL ADDRESS:</b> christian.aguilar@aon.com														
<b>INSURED</b> Stept, LLC (WY) <input type="checkbox"/> PO Box 9369 <input type="checkbox"/> Jackson, WY 83002	<table><tr><th>Insurer(s) Affording Coverage</th><th>NAIC #</th></tr><tr><td>INSURER A : AMERICAN INSURANCE COMPANY</td><td></td></tr><tr><td>INSURER B : FIREMAN'S FUND INSURANCE COMPANY</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	Insurer(s) Affording Coverage	NAIC #	INSURER A : AMERICAN INSURANCE COMPANY		INSURER B : FIREMAN'S FUND INSURANCE COMPANY		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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## 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. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A/B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		UST011322200  *UST011341190 - Outside of the US, its territories and possessions. Excess of statutory local coverage.	07/15/2020	07/15/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
A/B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		UST011322200  *UST011341190 - Outside of the US, its territories and possessions. Excess of statutory local coverage.	07/15/2020	07/15/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION	X		UST006397201	07/15/2020	07/15/2021	EACH OCCURRENCE \$19,000,000 AGGREGATE \$19,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
B	<b>PRODUCTION PACKAGE</b> THIRD PARTY PROPERTY DAMAGE MISCELLANEOUS EQUIPMENT PROPS/SETS WARDROBE VEHICLE PHYSICAL DAMAGE			UST011325200	07/15/2020	07/15/2021	Limit: \$ 1,000,000 DED: \$ 1,500 Limit: \$ 5,000,000 DED: \$ 2,500 Limit: \$ 2,000,000 DED: \$ 1,500 Included in M.E. limit

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

Mazda North American Operations-The Garage / Team Mazda-Mazda Brand-MY 21 Running Footage Video Shoot-1205660-1130315

Certificate Holder is Additional Insured (by 'Blanket' Endorsement) under General and Auto Liability but only with regard to claims arising from the negligence of the Named Insured and as required by written contract. Certificate Holder is Loss Payee as respects Miscellaneous Equipment (covered at Replacement Cost when required by contract), Props, Sets & Wardrobe, and Hired/Non-owned Auto Physical Damage. All coverage is subject to terms and conditions of policies of insurance. This Certificate does not amend, extend or alter the coverage afforded by the policies above.

## CERTIFICATE HOLDER

## CANCELLATION

Weber County

Weber Center

2380 Washington Blvd

Ogden UT 84401

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

AUTHORIZED REPRESENTATIVE

Aon/Albert G. Ruben Insurance Services, Inc.