

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/20/2023

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).

certificate holder in lieu of such endorsement(s).												
PRODUCER CONTACT NAME: Agent Name												
Agent Name							PHONE (A/C, No, Ext): Agent Number (A/C, No):					
Address							E-MAIL ADDRESS: Agent Email					
City, State, Zip							INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #
•••							INSURER A A+ XV RatedCompany					
INSURED							INSURER B:					
Insured Name (Same as Rental Contract)							INSURER C:					
Address							INSURER D :					
City, State, Zip												
City, State, Zip							INSURER E:					
COVEDACES OF SATE NUMBER.								EVISION NUMBER:				
COVERAGES CF ATEN BER: Ple THIS IS TO CERTIFY THAT THE POLICE OF INSURA LISTE LC							AVE SEEN SU TO THE ISURED NAMED ABOVE FOR THE POLICY PERIOD					
INDICATED. NOTWITHSTANDING ANY RESEARCH TE MORACONDITION OF ACT OR THE COCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MEOPHER MENT. TERM ORACONDITIONS OF SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUC.												
INSR LTR		TYPE OF INSU	RANCE		SUBR	POLICY NUMBER	JUNEN E	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		NERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
	х	COMMERCIAL GENER	RAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
А		CLAIMS-MADE X OCCUR				Policy #		mm/dd/yyyy	mm/dd/yyyy	MED EXP (Any one person)	\$	10,000
										PERSONAL & ADV INJURY	\$	1,000,000
										GENERAL AGGREGATE	\$	2,000,000
	GEN	N'L AGGREGATE LIMIT .	APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
	х	POLICY PRO-	LOC								\$	
		TOMOBILE LIABILITY	1			Policy #				COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
7		ANY AUTO				Hired Auto Physical				BODILY INJURY (Per person)	\$	
A		ALL OWNED X	SCHEDULED AUTOS			Damage - \$125,000		mm/dd/yyyy	mm/dd/yyyy	BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS X	NON-OWNED AUTOS			Comprehensive Ded-\$1	000			PROPERTY DAMAGE (Per accident)	\$	
		1	7 40103			Collision Ded- \$1000				(i ei accident)	\$	
		UMBRELLA LIAB	X OCCUR					/ 4 4 /	/ 4 4 /	EACH OCCURRENCE	\$ 1	1,000,000
	х	EXCESS LIAB	CLAIMS-MADE			Policy #		IIIII/dd/yyyy	mm/dd/yyyy	AGGREGATE		1,000,000
		DED RETENTI		1							\$,
		RKERS COMPENSATIO	N							WC STATU- OTH- TORY LIMITS ER	<u> </u>	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. DISEASE - EA EMPLOYEE			
	If ye	(Mantacasy in Mr) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
A						D - 1 / #		mm/dd/yyyy	mm /dd /yyyy		1 4	¢500 000
^		med & Rented				Policy #				Limit		\$500.000
	sp	ecial Form R	/ C							Deductible		\$1,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)												
Certificate holder is included as Additional Insured for Liability but only as respects to claims arising out of the negligence of the Named Insured. Certificate holder is named as Loss Payee as respects												
rented/leased equipment.												
CE	RTIF	FICATE HOLDER					CANCELLATION					
History for Hire 7149 Fair Avenue North Hollywood, CA 91605							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					
							Producer Signature Required					