



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/9/2018

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).

PRODUCER Tom C. Pickard & Co., Inc. 820 Pacific Coast Hwy Hermosa Beach, CA 90254		CONTACT NAME: Certs Dept. PHONE (A/C. No. Ext): 800.726.3701 FAX (A/C. No): 310-318-9840 E-MAIL ADDRESS: Certs@TCPinsurance.com	
www.TCPinsurance.com License # 0555411		INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Production Company Name and Address Here		INSURER A : Great Divide Insurance Company 25224 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 45322873

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 SUBR INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	CNA2014322	3/29/2018	3/29/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MEDICAL EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 ANNUAL AGGREGATE \$ 2,000,000 AUTOMOBILES - COMPI/OP AGG \$ 1,000,000 SINGLE LIMIT \$ 1,000,000 MEDICAL EXP (Per person) \$ PERSONAL & ADV INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY					
A	<input checked="" type="checkbox"/> UMBRELLA LIA <input type="checkbox"/> EXCESS LIAB DED RETE			3/29/2018	3/29/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSAT AND EMPLOYERS' LIABIL ANY PROPRIETOR/PARTNER OFFICER/MEMBER EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS			3/29/2018	3/29/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	MISC. RENTED EQUIPMENT	<input checked="" type="checkbox"/>	CNA2014322	3/29/2018	3/29/2019	\$1,000,000 LIMIT, \$2,500 DED
A	PROPS/SETS/WARDROBE		CNA2014322	3/29/2018	3/29/2019	\$200,000 LIMIT, \$2,000 DED
A	THIRD PARTY PROPERTY DAMAGE		CNA2014322	3/29/2018	3/29/2019	\$1,000,000 LIMIT, \$2,500 DED

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

THE CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED AND LOSS PAYEE BUT ONLY AS RESPECTS TO CLAIMS ARISING OUT OF THE NEGLIGENCE OF THE NAMED INSURED.

CERTIFICATE HOLDER**CANCELLATION**

City of Malibu 23825 Stuart Ranch Road Malibu CA 90265	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 Don Pickard 
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ACORD 25 (2016/03)

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POLICY NUMER: CNA2014322
INSURED: Snog Productions, Inc.

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

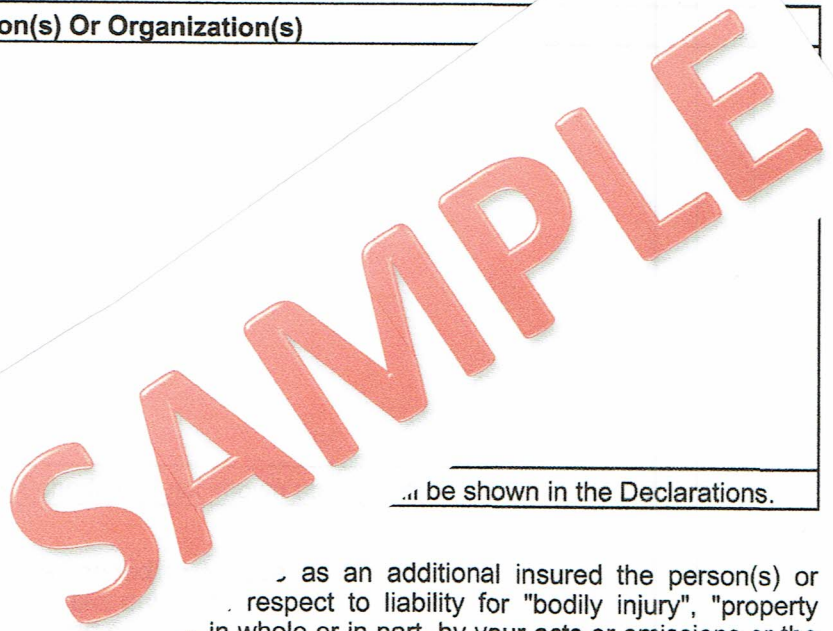
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	
City of Malibu 23825 Stuart Ranch Road Malibu CA 90265	
Information required to c...	... be shown in the Declarations.



Section II – Who Is An Insured
organization(s) shown in the schedule
damage" or "personal and adverti.
acts or omissions of those acting on

as an additional insured the person(s) or
respect to liability for "bodily injury", "property
, in whole or in part, by your acts or omissions or the

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

Additional Insured – Designated Person or Organization – CG 20 26 07 04
Policy Amendment(s) – Commercial General Liability

Insured: _____

Policy Number: _____

Producer: _____

Effective Date: _____

DRAFT

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule

Name of Additional Insured Person(s) or Organization(s)

City of Malibu
23825 Stuart Ranch Rd
Malibu, CA 90265

(If no entry appears above, information required to complete this Endorsement will be shown in the Declarations as applicable to this Endorsement.)

Section II - Who is an Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but with respect to liability for **bodily injury, property damage or personal and advertising injury** caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

INFORMATION ONLY

Under Policy Exclusions the following exclusion is added:

Policy Exclusions

**Operations For State Or
Political Subdivision**

This insurance does not apply to **bodily injury, property damage, advertising injury or personal injury** arising out of operations performed for any state or political subdivision designated as an **insured**.

Designation Of State Or Political Subdivision

CITY OF MALIBU
23825 STUART RANCH RD
MALIBU, CA 90265

DRAFT

All other terms and conditions remain unchanged.

Authorized Representative

INFORMATION ONLY

Insured:
Policy Number:

DRAFT

Blanket Additional Insured Endorsement

In consideration of the premium charged and on the understanding that all other terms, conditions and exclusions remain unchanged, it is agreed that this endorsement modifies only the terms and conditions of the Coverage Part(s) listed below:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

<p>Name of Person or Organization (Additional Insured)</p> <p>City of Malibu 23825 Stuart Ranch Road Malibu, CA 90265</p>
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INFORMATION ONLY

- I. It is agreed that WHO IS COVERED is amended to include the following:
 - A. Any person or organization from whom **you** lease a premises with whom **you** have agreed through a written or oral contract to provide insurance as afforded by this Coverage Part, are added as additional insureds. However:
 1. this insurance applies to such additional insured only to the extent of liability arising out of the ownership, maintenance or use of that particular part of such premises leased to **you** in **your** on-going operations; and
 2. if coverage provided to the additional insured is required by contract or agreement, the insurance afforded to such additional insured will not be broader than that which **you** are required by the contract or agreement or that which **you** would have been entitled to coverage under this Coverage Part, whichever is less.

This insurance does not apply to:

 1. any **occurrence** that takes place after **you** cease to be a tenant in the premises or the end of the **policy period**, whichever comes first;
 2. structural alterations, new construction or demolition operations performed by or on behalf of the additional insured; or
 3. **bodily injury, property damage or personal and advertising injury** arising out of the sole negligence of the additional insured.
 - B. Any person or organization from whom **you** lease equipment or props, sets and wardrobe, and with whom **you** have agreed through a written or oral contract to provide insurance as afforded by this Coverage Part, are added as an additional insured. However:
 1. this insurance applies to such additional insured only to the extent of their liability arising out of the maintenance, operation or use by **you** or anyone on **your** behalf of the equipment or props, sets and wardrobe in the performance of **your** on-going operations; and
 2. if coverage provided to the additional insured is required by contract or agreement, the insurance afforded to such additional insured will not be broader than that which **you** are required by the contract or agreement or that which **you** would have been entitled to coverage under this Coverage Part, whichever is less.

This insurance does not apply to:

 1. any **occurrence** that takes place after the equipment or props, sets and wardrobe rental agreement/lease expires or the end of the **policy period**, whichever comes first; or
 2. **bodily injury, property damage or personal and advertising injury** arising out of the sole negligence of the additional insured.
 - C. Any:
 1. financial institution or any entity that has a fiduciary interest in **your** business;

POLICY NUMBER:

DRAFT

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s)</p> <p>City of Malibu 23825 Stuart Ranch Road Malibu, CA 90265</p>
<p>Information required to complete this section may be shown in the Declarations.</p>

INFORMATION ONLY

Section II – Who Is An Insured is intended to include as an additional insured the organization(s) shown in the Schedule with respect to liability for "bodily injury" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.