A CODO	
ACORD	

GIL & ROY SAMPLE INSURANCE CERTIFICATE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) Current date

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				NAME: PHONE FAX						
				(A/C, No, Ext): E-MAIL						
				ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER(S) AFFORDING COVERAGE					
Nouses										
				INSURER C :						
	ESSEE, RENTER, or VENDOR	INSURER D :								
				INSURER	INSURER E :					
				INSURER	F:					
			TE NUMBER: CL2112937043	-			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 SU		(POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
А							EACH OCCURRENCE \$	1,00	0,000	
							PREMISES (Ea occurrence) \$		50,000	
							MED EXP (Any one person) \$		5,000	
									00,000	
								, -	00,000	
	OTHER:						PRODUCTS - COMP/OP AGG \$		00,000	
							COMBINED SINGLE LIMIT (Ea accident)	1.0	00.000	
А	ANY AUTO						BODILY INJURY (Per person) \$		00,000	
^	X OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$			
	X HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)			
							\$			
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$			
	DED RETENTION \$						PER OTH-			
	AND EMPLOYERS' LIABILITY Y / N						STATUTE ER			
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A							000,00	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$	- 1,0	00,000	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$		00,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACO	RD 101, Additional Remarks Schedule, I	may be atta	ached if more s	bace is required)				
	L & ROY STUDIOS, AND GIL & ROY Equipment leased or rented from GI					Operations	conducted on premises of	f, anc	I/or Products	
000										
UER				CANCELLATION						
Gil & Roy Studios Gil & Roy Props Gil & Roy, LLC				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
2805 Gilroy Street Los Angeles CA 90039					AUTHORIZED REPRESENTATIVE					
© 1988-2015 ACORD CORPORATION. All rights reserve									hte record	