

CERTIFICATE OF LIABILITY INSURANCE

03/01/2024

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 Front Row Insurance Brokers, LLC. 14156 Magnolia Blvd, Suite 200 Sherman Oaks, CA. 91423	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Kent Hamilton</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 424-529-6700</td> <td>FAX (A/C, No): 424-529-67013</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: kent@frontrowinsurance.com</td> </tr> <tr> <td style="width: 70%;">INSURER(S) AFFORDING COVERAGE</td> <td>NAIC #</td> </tr> <tr> <td>INSURER A: Hiscox Insurance Company, Inc</td> <td>10200</td> </tr> <tr> <td>INSURER B: State National Insurance Company, Inc</td> <td>12831</td> </tr> <tr> <td>INSURER C: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> </table>	CONTACT NAME: Kent Hamilton		PHONE (A/C, No, Ext): 424-529-6700	FAX (A/C, No): 424-529-67013	E-MAIL ADDRESS: kent@frontrowinsurance.com		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hiscox Insurance Company, Inc	10200	INSURER B: State National Insurance Company, Inc	12831	INSURER C: ACE American Insurance Company	22667	INSURER D:	
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INSURED Avail Entertainment, LLC 1011 East Vine Avenue West Covina, CA 91790																	

COVERAGES

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.

INS R LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	Y	Y	US UEN 2717680.24	01/15/24	01/15/25	EACH OCCURENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						FIRE DAMAGE (Any one fire)	\$1,000,000
	<input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS-COMP/OP AGG	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
A	AUTOMOBILE LIABILITY	Y	N	US UEN 2717680.24	01/15/24	01/15/25	BODILY INJURY (Per Person)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per Accident)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON OWNED AUTOS						
A	COMMERCIAL UMBRELLA	Y	N	US UEN 2729115.24	01/15/24	01/15/25	EACH OCCURENCE	\$1,000,000
							GENERAL AGGREGATE	\$1,000,000
B	WORKERS' COMPENSATION	n/a	N	HSW271 3914.24	01/15/24	01/15/25	<input checked="" type="checkbox"/> WC STATUT-ORY LIMITS	OTHER
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICE / MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> Y						E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$1,000,000
C	FOREGIN PACKAGE	Y	N	PHF D964788 72 001	05/03/23	05/03/24	GENERAL LIABILITY PER OCC	\$1,000,000
							GENERAL LIABILITY AGGREGATE	\$2,000,000
							EMPLOYEEER LIABILITY PER OCC	\$1,000,000
A	ENTERTAINMENT PACKAGE	n/a	N	US UEN 2717680.24	01/15/24	01/15/25	Miscellaneous Equipment	\$1,000,000 Limit \$3,000 Ded.
							Props, Sets & Wardrobe	\$1,000,000 Limit \$2,500 Ded.
							3rd Party Property Damage	\$1,000,000 Limit \$2,500 Ded.
							Hired Auto Physical Damage	\$1,000,000 Limit Ded: 10% of loss, \$2,500 min / \$7,500 max

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

The certificate holder is included as additional insured and/or loss payee as their interest may appear, but only as respects Liability arising out of the operations of the named insured. Excludes filming exposures related to stunts and hazardous activities, unless declared and approved.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
SAMPLE	SHOULD ANY OF THE POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO ONBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES	
	AUTHORIZED REPRESENTATIVE	