

CERTIFICATE OF LIABILITY INSURANCE

DATE: (MM/DD/YYYY) 10/10/2020

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).											
						CONTACT NAME:					
						PHONE (A/C, No, Ext): (A/C, No):					
Your Insurance Broker Here					ADDRESS:						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
License #:					INSURER A : Insurance Company Name Here						
Insured:					INSURER B :						
					INSURER C :						
	Your Company Name & Address Here					INSURER D :					
					INSURER E :						
		INSURER F :									
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.											
		ADDL	SUBR		BEENF	POLICY EFF	POLICY EXP				
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY) 8/23/2020	(MM/DD/YYYY) 8/23/2021		\$ \$1,000	000	
						0/23/2020	0/20/2021	EACH OCCURRENCE DAMAGE TO RENTED		,000	
								PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$		
								PERSONAL & ADV INJURY	⊸ \$1,000	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000		
									\$ 2,000		
	OTHER:								\$,	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED X SCHEDULED AUTOS ONLY							· · · · · ·	\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
A	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
								V PER OTH-	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							A STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE			
A	DESCRIPTION OF OPERATIONS below Blanket Building							E.L. DISEASE - POLICY LIMIT	\$		
	Business Personal Property							Limit			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if more	e space is require	ed)			
Ev	dence of Insurance										
Certificate holder listed as additional insured & Loss Payee with respect for the value of the property at \$xx,xxx.xx.											
CE	RTIFICATE HOLDER	CANCELLATION									
Artistry In Motion, Inc. 19411 Londelius Street					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Northridge, CA 91324					AUTHORIZED REPRESENTATIVE						
					24-5						

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