SAMPLE										
ACORD <sup>®</sup> CER <sup>®</sup>	TIF	IC	ATE OF LIA	۱BIL	ITY IN	ISUR/	NCE	DATE	1	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF I REPRESENTATIVE OR PRODUCER, A	TIVEL NSURA	Y OF ANCE	R NEGATIVELY AMEN	D, EXT	END OR A	LTER THE C	OVERAGE AFFORDE	ED BY T	HE POLICIES	
IMPORTANT: If the certificate hold the terms and conditions of the poli certificate holder in lieu of such endo	cy, cer	tain	policies may require a	the polic n endors	cy(ies) must sement. A s	t be endorse statement on	d. If SUBROGATION this certificate does	IS WAIV	ED, subject to r rights to the	
PRODUCER YOUR INSURANCI AND ADDRESS	CONTAG NAME PHONE (A/C, NC E-MAIL ADDRE	CONTACT NAME PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE								
INSURED YOUR ENTITY NAME AND ADDRES (MUST MATCH ENTITY ON CONTRACT)					INSURER A: ACE AMERICAN INSURANCE COMPANY INSURER B: INDEMNITY INS CO OF NORTH AMERICA INSURER C: INSURER D:				22667 43575	
		INSURER E:								
COVERAGES CE	RTIFIC	ATE	<b>NUMBER:</b> 1082	INSURE	:R F:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERTA	EMEN AIN, IES. I	ANCE LISTED BELOW HA IT, TERM OR CONDITION THE INSURANCE AFFORI	AVE BEEN I OF ANY DED BY 1	CONTRACT THE POLICIES BEEN REDUC POLICY EFF (MM/DD/YYYY)	OR OTHER DO S DESCRIBED ED BY PAID CI POLICY EXP (MM/DD/YYYY)	DCUMENT WITH RESPE HEREIN IS SUBJECT T _AIMS.	CT TO WH	HICH THIS	
GENERAL LIABILITY	X	X	YOUR POLICY #			EFFECTIVE DATE	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$ \$ \$		
GEN'L AGGREGATE LIMIT APPLIES PER:			ARE				GENERAL AGGREGATE PRODUCTS - COMP/OP AG COMBINED SINGLE LIMIT	\$		
AUTOS	X	X	POLICY LIMITS MAY				BODILY INJURY (Per person BODILY INJURY (Per accide PROPERTY DAMAGE (Per accident)	· •		
X     UMBRELLA LIAB     IX     OCCUR       EXCESS LIAB     CLAIMS-MAD       DED     RETENTION \$	<u>[X]</u>	<u>[X]</u>	FOR ALL TYPES		EFFECTIVE DATE	EFFECTIVE DATE	EACH OCCURRENCE AGGREGATE	\$ \$ \$ \$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / I ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION DE OPERATIONS below	 ] N/A	X	YOUR POLICY #		EFFECTIVE DATE	EFFECTIVE DATE	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOY	R \$ EE \$		
IPROFESSIONAL LIABILITY E&O (Design Professionals ONLY) SEE CONTRACT FOR DETAILS										
"THE CERTIFICATE HOLDER IS POLICIES (INCLUDING EXCES NAMED INSURED."										
				<u> </u>						
CERTIFICATE HOLDER					CANCELLATION					
WARNER BROS. STUDIO OPERATIONS; WB STUDIO ENTERPRISES INC.; WARNER BROS. ENTERTAINMENT INC.; WARNER MEDIA, LLC; AND THEIR PARENT, SUBSIDIARY AND AFFILIATED COMPANIES, AND THEIR EMPLOYEES, AGENTS, OFFICERS, AND DIRECTORS 4000 WARNER BLVD.					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
BURBANK, CA 91522										
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