



# CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY)  
8/6/2020

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).

## PRODUCER

ANY INSURANCE CO., INC.  
000 COMMON AVE.  
LOS ANGELES, CA 90024  
(310) 555-1212

Contact Name:

Phone: 818

(A/C, No. Ext):

Email Address: @aon.com

Contact Name:

Phone: 818

(A/C, No. Ext):

Email Address: r@aon.com

## INSURED

PRODUCTION COMPANY, LLC  
0000 GENERIC STREET  
LOS ANGELES, CA 90025

## Insurer's Affording Coverage

## NAIC #

INSURER A: ACE AMERICAN INSURANCE COMPANY

22667

INSURER B: FIREMAN'S FUND INSURANCE COMPANY

21873

INSURER C: INDEMNITY INSURANCE COMPANY OF N A

43575

INSURER D: ACE FIRE UNDERWRITERS INSURANCE CO.

20702

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. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		XXXXXXXXXX	6/30/2020	6/30/2021	EACH OCCURRENCE \$ 6,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 6,000,000
							MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 6,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 20,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 20,000,000
A	AUTOMOBILE LIABILITY	X		XXXXXXXXXX	6/30/2020	6/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTO PHYSICAL DAMAGE*						
	Umbrella Liab						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	Excess Liab						
C D A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N <input checked="" type="checkbox"/> N	N/A	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX	6/30/2020	6/30/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> Other
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. Each Accident \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. Disease - EA Employee \$ 1,000,000
							E.L. Disease - Policy Limit \$ 1,000,000
B	PRODUCTION PACKAGE POLICY			XXXXXXXXXX	7/21/2020	5/4/2022	MISC. EQUIPMENT* \$ 5,000,000
	(Limit is Per Coverage Line)						PROPS/SETS/WARDROBE \$ 5,000,000
							THIRD PARTY PROP DAMG \$ 5,000,000

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

THE CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY AND AUTO LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE POLICY BUT ONLY TO THE EXTENT REQUIRED IN THE CONTRACTUAL AGREEMENT WITH THE NAMED INSURED.

## CERTIFICATE HOLDER

SANDY ROSE FLORAL, INC  
6850 VINELAND AVE, UNIT C  
NORTH HOLLYWOOD, CA 91605  
PH:818.980.4371

## CANCELLATION

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