

REBECCATAKAYAM



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/12/2023

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.

	this certificate does not confer rights to	the	certi	ificate holder in lieu of su				<u> </u>			
ANY PRODUCER 1234 Any Street ANY TOWN, CA 12345						CONTACT Unknown Employee NAME: PHONE FAX					
						(A/C, No, Ext): (A/C, No):					
						E-MAIL ADDRESS:					
				INSURER(S) AFFORDING COVERAGE				NAIC #			
INCLIDED						INSURER A : AM BEST RATING OF A- OR HIGHER INSURER B :					
Named Insured 1234 Any Street											
						INSURER C: INSURER D:					
	ANY TOWN, CA 00000				INSURER E :						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
T II	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S OF EQUI PER	F INS REME TAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	DED B	ANY CONTRAC Y THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT T	ECT TO	WHICH THIS	
LTR	TIFE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	1,000,000	
Α				xx xxx xxxxx			4/04/0004	EACH OCCURRENCE DAMAGE TO RENTED	\$	300,000	
	CLAIMS-MADE X OCCUR					1/01/2023	1/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC							GENERAL AGGREGATE	\$	2,000,000	
	OTHER:							PRODUCTS - COMP/OP AGG	\$,,.	
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			xx xxx xxxxx		1/01/2023	1/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
								BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
Α	DED RETENTION \$							Y PER OTH-	\$		
^	AND EMPLOYERS' LIABILITY	N/A	х	xx xxx xxxxx		1/01/2023	1/01/2024	A STATUTE ER		1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000	
Α	DÉSCRIPTION OF OPERATIONS below Misc Equip Ownd/Rent			XX XXX XXXXX		1/01/2023	1/01/2024	E.L. DISEASE - POLICY LIMIT Limit Full	\$ \$		
								Replacement Cost Deductible	\$		
Wal	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Ik and Talk Holdings, Inc is included as A Named Insured. Equipment coverage is warranty or exclusion in the policies rela	Addit writt	ional ten o	Insured for General Liabil n a replacement cost basis	ity and s includ	Automobile L ding coverage	iability and a	as Loss Payee for equipn			
	ERTIFICATE HOLDER				CANO	CELLATION					
	ENTIFICATE HOLDEN						THE ABOVE D	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE	
Hollywood Depot Rentals, LLC 2905 Winona Ave Burbank, CA 91504						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					