

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/2017

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 Tom C. Pickard & Co., Inc. 820 Pacific Coast Hwy Hermosa Beach, CA 90254 Barbara Whittaker  INSURED Client's Name Address Line 1 City, tate Zipcode								CONTACT Certificate Dept.  PHONE (A/C, No, Ext); 310-379-7788 (A/C, No): 310-318-984 E-MAIL ADDRESS: Certs@tcpinsurance.com PRODUCER CUSTOMER ID #:  INSURER(S) AFFORDING COVERAGE  INSURER A: ns rance Company Name  INSURER B: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C:				NAIC #
COVERAGES CERTIFIC TE NUMBER:								INSURER F : 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. NOTWITH TANDING NY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE I UED OR M Y PERT IN, 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.												WHICH THIS
LTR		TYPE OF INSU	RANCE	INSR	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	GEN X	COMMERCIAL GENER CLAIMS-MADE		х		SPP012345678		01/01/2017	01/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,00 300,00 10,00
		CLAIMS-MADE	OCCUR							MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,00
										GENERAL AGGREGATE	\$	2,000,00
	GEN	I'L AGGREGATE LIMIT A	APPLIES PER:			4.5		\ \		PRODUCTS - COMP/OP AGG	\$	2,000,00
	OLIV	POLICY PRO- JECT	LOC			~ // /		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		TROBUCTO - GOIWIT/OF ACC	\$	_,000,00
	AUT	OMOBILE LIABILITY		1	0	VIVI				COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO			-					BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS								BODILY INJURY (Per accident)	\$	
		SCHEDULED AUTOS HIRED AUTOS		0		-				PROPERTY DAMAGE (PER ACCIDENT)	\$	
	Щ	NON-OWNED AUTOS									\$	
	$\sqcup$										\$	
	$\square$	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
	$\vdash$	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
	$\vdash \vdash$	DEDUCTIBLE									\$	
	WOF	RETENTION \$ RKERS COMPENSATION	)N							WC STATU- OTH- TORY LIMITS ER	\$	
	AND	EMPLOYERS' LIABILI	TY V/N							TORY LIMITS ER ACH ACCIDENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								.L. DIS ASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below									DIS ASE - POLICY LIMIT	-	
Α						SPP012345678		01/01/2017	01/01/2018	\$500 D D.	φ <b>\$</b>	100,000 Lim
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)												
Certificate Holder is named as additional insured and loss payee.  The coverage on Miscellaneous Rented Equipment is replacement cost												

**CERTIFICATE HOLDER** 

Dc-Camera LLC. 2810-B Merrilee Dr. Fairfax, VA 22031

**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

SAMPLE