



SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE

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	YOUR INSURANCE BROKER'S NAME AND ADDRESS	CONTACT NAME	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	YOUR ENTITY NAME AND ADDRESS (MUST MATCH ENTITY ON CONTRACT)	INSURER(S) AFFORDING COVERAGE	
		INSURER A: ACE AMERICAN INSURANCE COMPANY	NAIC # 22667
		INSURER B: INDEMNITY INS CO OF NORTH AMERICA	43575
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 10822 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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) EFFECTIVE DATE	POLICY EXP (MM/DD/YYYY) EFFECTIVE DATE	LIMITS
GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	YOUR POLICY #			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
ALL ITEMS IN RED BOXES ARE REQUIRED						
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC						
AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	YOUR POLICY #	EFFECTIVE DATE	EFFECTIVE DATE	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS						
<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
UMBRELLA LIAB EXCESS LIAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	YOUR POLICY #	EFFECTIVE DATE	EFFECTIVE DATE	EACH OCCURRENCE \$ AGGREGATE \$
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						
DED RETENTION \$						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input checked="" type="checkbox"/>		YOUR POLICY #	EFFECTIVE DATE	EFFECTIVE DATE	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				

POLICY LIMITS MAY VARY, CHECK YOUR CONTRACT FOR SPECIFIC REQUIRED AMOUNTS FOR ALL TYPES

PROFESSIONAL LIABILITY E&O (Design Professionals ONLY) SEE CONTRACT FOR DETAILS

"THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSUREDS UNDER THE GENERAL LIABILITY AND AUTO LIABILITY POLICIES (INCLUDING UMBRELLA/EXCESS) AS THEIR INTERESTS MAY APPEAR BUT ONLY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED."

CERTIFICATE HOLDER
 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.
 BURBANK, CA 91522

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

VERBATIM