



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/22/12

|  |  |                     |
|--|--|---------------------|
| <b>PRODUCER</b><br><br>XYZ BROKER<br>123 MAIN STREET<br>ANYTOWN, CA              | <b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b> |                     |
|  | <b>INSURERS AFFORDING COVERAGE</b>   | <b>NAIC #</b>       |
| <b>INSURED</b><br><br>ABC CLIENT COMPANY<br>789 PRODUCTION AVENUE<br>ANYTOWN, CA | INSURER A:   | INSURANCE COMPANY A |
|  | INSURER B:   | INSURANCE COMPANY B |
|  | INSURER C:   | INSURANCE COMPANY C |
|  | INSURER D:   |                     |
|  | INSURER E:   |                     |

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADD'L INSRD                         | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS  |                    |
|----------|-------------------------------------|---|---------------|------------------------------------|-------------------------------------|---|--------------------|
| A        | <input checked="" type="checkbox"/> | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | 11111111      | 01/01/2012                         | 01/01/2013                          | <b>EACH OCCURENCE</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br><b>PERSONAL &amp; ADV INJURY</b> \$1,000,000<br><b>GENERAL AGGREGATE</b> \$2,000,000<br><b>PRODUCTS - COMP/OP AGG</b> \$2,000,000<br>\$ | <b>\$1,000,000</b> |
| B        | <input checked="" type="checkbox"/> | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> <b>ANY AUTO</b><br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____  | 22222222      | 01/01/2012                         | 01/01/2013                          | <b>COMBINED SINGLE LIMIT (Each Occurrence)</b> \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |                    |
|          | <input type="checkbox"/>            | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> _____  |               |                                    |                                     | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$   |                    |
| C        | <input type="checkbox"/>            | <b>EXCESS / UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$ _____   | 33333333      | 01/01/2012                         | 01/01/2013                          | EACH OCCURENCE<br>AGGREGATE<br>\$<br>\$<br>\$   |                    |
|          | <input type="checkbox"/>            | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/><br>If yes, describe under SPECIAL PROVISIONS below   |               |                                    |                                     | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |                    |
|          | <input type="checkbox"/>            | <b>OTHER</b>  |               |                                    |                                     |   |                    |

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

NEW C.A.P.S., LLC IS INCLUDED AS ADDITIONAL INSURED.  
 THIS IS A SAMPLE CERTIFICATE INTENDED AS AN EXAMPLE FOR CLIENTS OF THE CERTIFICATE HOLDER

### CERTIFICATE HOLDER

NEW C.A.P.S., LLC  
 2300 Empire Ave. 5th Floor  
 Burbank, CA 91504

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE