

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
XXXXXX

PRODUCER

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.

RENTER'S INSURANCE AGENCY

COMPANIES AFFORDING COVERAGE

INSURED

COMPANY LETTER **A** RENTER'S INSURANCE COMPANY

RENTER'S NAME AND ADDRESS

COMPANY LETTER **B** RENTER'S INSURANCE COMPANY

COMPANY LETTER **C** RENTER'S INSURANCE COMPANY

COMPANY LETTER **D**

COMPANY LETTER **E**

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. OWNER'S & CONTRACTOR'S PRDT.	#12345	01/01/01	01/01/02	GENERAL AGGREGATE \$ 1000000 PRODUCTS-COMPIOP AGG. \$ 1000000 PERSONAL & ADV. INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 50000 MED. EXPENSE (Any one person) \$ 5000
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	#12345	01/01/01	01/01/02	COMBINED SINGLE LIMIT \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
C	OTHER THEATRICAL EQUIPMENT #12345 FLOATER - "SPECIAL FORM" INCLUDING THEFT				\$XXX,XXX AT REPLACEMENT COST; DEDUCTIBLE; COVERAGE TERRITORY: USA.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CAL STAGE IS AFFORDED LOSS PAYEE STATUS AS RESPECTS INLAND MARINE COVERAGE FOR EQUIPMENT RENTED TO THE NAMED INSURED AND ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY COVERAGE

CERTIFICATE HOLDER

California Stage & Lighting, inc. (Cal Stage)
3601 W. Garry Ave.
Santa Ana, CA 92704
714.966.1852/fax 714.966.0104

CANCELLATION

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

AUTHORIZED REPRESENTATIVE