

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/5/2018

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(les) 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).

certificate holder in lieu of such endor									,	
PRODUCER INSURANCE AGENT NAME					CONTACT NAME:					
					PHONE (A/C, No, Ext): (A/G, No):					
					E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE NAIC #					
				INSURE						
INSURED					INSURER B:					
YOUR					INSURER C:					
COMPANY NAME					INSURER D :					
					INSURER E :					
					INSURER F :					
COVERAGES CER	TIFIC	ΔTF	NUMBER: 1554972520	INSURI	Kr;		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 R	EQUIF	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO V	VHICH THIS	
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO	D ALL T	HE TERMS,	
INSR LTR TYPE OF INSURANCE	ADDL	SUBR		DELIN		POLICY EXP	LIMIT			
GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00	
V						1	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,0		
Ty I							PREMISES (Ea occurrence)	\$ 100,000	,	
CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$ 5,000		
							PERŞONAL & ADV INJURY	\$ 1,000,0		
							GENERAL AGGREGATE	\$ 2,000,0		
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 1,000,0	00	
POLICY X PRO- LOC	-						COMBINED SINGLE LIMIT	\$		
AUTOMOBILE LIABILITY			SAMPL	E			(Es accident)	\$ 1,000.0	00	
ANY AUTO							BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
X PHYSICAL DMG								\$		
UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 5,000,0	00	
X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 5,000,0	00	
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X WC STATU- OTH-			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E,L. EACH ACCIDENT	\$ 1,000,0	00	
OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	l'''^						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,0	00	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,0	00	
PRODUCTION PCKG 3rd Party Prop Damage							Limit Limit	2,000,0	00 ded 2500 00 ded 2500	
Misc Equip/Props/Sets/Wardrobe							Limit	2,000,0	00 ded 2500	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL CERTIFICATE HOLDER IS INCLUDED AS PAYEE UNDER THE PRODUCTIONS PARENTAL OR LEASE OF PROPS, SETS, VEHICL CONTROL OF SETS, VEHICL CONTROL OF SETS, VEHICL CONTROL OF SETS OF PROPS, SETS, VEHICL CONTROL OF SETS O	S AN A CKAC VARD ed as	ADDI BE PC ROB Addi	TIONAL INSURED UNDEF DLICY BUT ONLY AS RES E, EQUIPMENT, VEHICLE tional Insured if required by	R THE SPECTS ES OR y writte	GENERAL LI. THEIR AGR PREMISES F n contract as	ABLITY OR A REEMENT WI OR THE PRO	TH THE NAMED INSURE DDUCTION.	D FOR	THE	
OFFICIOATE HOLDER					CANCELLATION					
CERTIFICATE HOLDER					CANCELLATION					
Rockstar Communications, Inc 1920 N. Hillhurst Ave #108 Los Angeles, CA 90027					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Attn: Marc Blitstein	AUTHORIZED REPRESENTATIVE									