

LAURAKMARSHALL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/11/2023

646,372

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.

lf	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject his certificate does not confer rights to	t to	the	terms and conditions of the positicate holder in lieu of such en	olicy, certain dorsement(s)	policies may).			
PRO	DUCER			CONT.	ACT Isabel B	arron			
NFF	Property & Casualty Services, Inc. 0 Tapo Street							FAX A/C, No):(805) 579-1916	
Sim	i Valley, CA 93063				ESS: Isabel.B				
					INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #
				INSUR	ER A : HISCOX	Insurance	Company Inc.		10200
INSU	JRED				INSURER B : State National Insurance Company Inc				12831
	Thompson Entertainment, LL	.C, c	lba S	stageRental.com	INSURER C:				
	155 S Court Avenue Unit 2515			INSUR	INSURER D:				
	Orlando, FL 32801			INSUR	ER E :				
				INSUR	ER F:				
СО	VERAGES CERT	ΓIFIC	CATE	E NUMBER:			REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY PROCLUSIONS AND CONDITIONS OF SUCH PROCLUSIONS AND CONDITIONS AND CONDITION	EQUI PER POLIC	REME TAIN, CIES.	ENT, TERM OR CONDITION OF , THE INSURANCE AFFORDED B . LIMITS SHOWN MAY HAVE BEEN	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESI ED HEREIN IS SUBJECT	PECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	OF INSURANCE ADDL SUBR WVD POLICY NUMBER		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			US UEN 2726110.23	10/11/2023	10/11/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	i \$	2,000,000
	OTHER:							\$	
A AUTOMOBILE LIABILITY X ANY AUTO					10/11/2023	10/11/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
				US UAE 2726111.23			BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per acciden	t) \$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
DED RETENTION\$								\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				10/11/2023	10/11/2024	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		HSW272538023			E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYE	E \$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	- \$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of Insurance Only.

US UEN 2726110.23

CERTIFICATE HOLDER

Thompson Entertainment, LLC 155 S Court Avenue Unit 2515 Orlando, FL 32801 **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.

10/11/2023 10/11/2024 Deductible \$2,500

AUTHORIZED REPRESENTATIVE

for the second

A Misc Ownd/Rntd Equip

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED			
NFP Property & Casualty Services, Inc.		Thompson Entertainment, LLC, dba StageRental.com 155 S Court Avenue			
POLICY NUMBER		Unit 2515 Orlando, FL 32801			
SEE PAGE 1		Onando, 1 E 32001			
CARRIER	NAIC CODE				
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: SEE PAGE 1			

ADDITIONAL REMARKS

FAX: (805) 579-1916

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

CONTRACTUAL INSURANCE REQUIREMENTS

The attached Certificate of Insurance is provided as part of our service to our client, the Insured. If special endorsements have been provided, they also are indicated attached. You may find that these documents do not comply with all the terms and conditions of the underlying contract between the Certificate Holder and the Insured due to the insurance company's insuring conditions, limitations, exclusions and other terms.

If you have any questions, please contact the undersigned.

NFP Property & Casualty Insurance Services, Inc. CA LICENSE #0F15715
2450 TAPO ST
SIMI VALLEY, CA 93063
TELEPHONE: (805) 579-1900

ACORD 101 (2008/01)