

# CERTIFICATE OF INSURANCE

Issue date (mm/dd/yy)

**ISSUE DATE**

PRODUCER  
  
**YOUR INSURANCE BROKER'S NAME  
AND ADDRESS**

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.

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER **A** YOUR INSURANCE COMPANY

COMPANY LETTER **B** YOUR INSURANCE COMPANY

COMPANY LETTER **C** YOUR INSURANCE COMPANY

INSURED  
  
**YOUR NAME AND ADDRESS**

**SAMPLE**

**COVER**  
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 RESPECTS 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	GENERAL LIABILITY	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$2,000,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY	\$2,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$2,000,000
					FIRE DAMAGE (Any one fire)	\$100,000
					Med. Expense (Any one pers)	\$5,000
A	AUTOMOBILE LIABILITY	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	COMBINED SINGLE LIMIT	\$2,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
B	EXCESS LIABILITY	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$1,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	<input checked="" type="checkbox"/>	
					EACH ACCIDENT	\$1,000,000
					DISEASE-POLICY LIMIT	\$1,000,000
					DISEASE-EACH EMPLOYEE	\$1,000,000
C	OTHER Prop, Sets & Wardrobe and/or Misc. Equipment	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	REPLACEMENT COST	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL TERMS**  
With respect to the operations of the Named Insured, the certificate holder is included as an Additional Insured and Loss Payee as its interest may appear.

**CERTIFICATE HOLDER**  
Warner Bros. Studio Facilities, WB Studio Enterprises Inc., Warner Bros. Entertainment Inc. and their parent, subsidiary and affiliated companies and their employees, agents, officers and directors  
4000 Warner Boulevard  
Burbank, CA 91522

**EXPIRATION**  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,

AUTHORIZED REPRESENTATIVE