



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/17/2014

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(ies) 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).

PRODUCER Truman Van Dyke Company 6767 Forest Lawn Drive, #301 Los Angeles, CA 90068	CONTACT NAME: JonPaul Evans	
	PHONE (A/C. No. Ext): (323) 331-9534	FAX (A/C. No):
E-MAIL ADDRESS: jonpaul@tvdco.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: New York Marine & General	16608	
INSURED Call of the Void, Inc. 5301 Exchange St Los Angeles, CA 90039	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		GL2014SGP00300	11/17/2014	01/14/2015	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> AUTO PHYSICAL DAMAGE <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AU2014SGP00215	11/17/2014	01/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC201400007616	11/17/2014	01/14/2015	WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Entertainment Package			IM2014SGP00237	11/17/2014	01/14/2015	See Attached	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The certificate holder is named as an Additional Insured but solely as respects to claims arising out of negligence of the Named Insured and is Loss Payee for rented property as their interests may appear. All coverages expire at 12:01 a.m. Standard Time

CERTIFICATE HOLDER Minassian Productions Inc. 5301 Exchange St. Los Angeles CA. 90039	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.
	AUTHORIZED REPRESENTATIVE JonPaul Evans

POLICY NUMBERS [GL2014SGP00300](#)
[IM2014SGP00237](#)
[AU2014SGP00215](#)
[WC201400007616](#)

INSURED [Call of the Void, Inc.](#)

Coverage	Limit	Deductible
General Liability		
General Aggregate Limit	\$2,000,000	nil
Products & Completed Operations Agg Limit	\$1,000,000	nil
Personal & Advertising Injury (Any One Person or Organization)	\$1,000,000	nil
Each Occurrence Limit	\$1,000,000	nil
Damage to Premises Rented to You Limit	\$100,000	nil
Medical Payments	Excluded	nil
Entertainment Package		
Negative Film	\$1,000,000	\$2,500 Min/10% of Loss
Faulty Stock & Processing	\$1,000,000	\$2,500 Min/10% of Loss
Props, Sets & Wardrobe (PSW*)	\$250,000	\$1,500
Extra Expense Incl. Utility Failure to Supply/Electrical Power	\$250,000	\$2,500
Third Party Property Damage	\$1,000,000	\$1,500
Miscellaneous Equipment	\$1,000,000	\$2,500
Hired and Non-Owned Auto Physical Damage	Included in ME	10% of Loss / \$1,000 min, \$10,000 max
Office Contents	\$25,000	\$1,000
Workers Compensation		
Bodily Injury by Accident (each)	\$1,000,000	nil
Bodily Injury by Disease (policy limit)	\$1,000,000	nil
Bodily Injury by Disease (each employee)	\$1,000,000	nil
Auto Liability		
Hired Auto Liability - CSL	\$1,000,000	nil