

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/29/2023

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).

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PRODUCER		CONTACT NAME: PHONE (A/C, No, Ext) E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A :	
INSURED		INSURER B:	_
		INSURER C:	
Your	company name, address	INSURER D :	
		INSURER E :	
		INSURER F:	İ

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	NSR TYPE OF INSURANCE		ADDL SUBR INSR WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)		LIMITS		
В	GENERAL LIABILITY	Y	Υ		06/01/2023	06/01/2024	EACH OCCURRENCE	\$	1,000,000
	× COMMERCIAL GENERAL LIABILITY	'	'		00/01/2023	00/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE × OCCUR						MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	1,000,000
	× POLICY PRO- JECT LOC							\$	
В	AUTOMOBILE LIABILITY		N/A	06/01/202:	06/01/2023	06/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
_	ANY AUTO	•	,,		00/01/2020	00/01/2021	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS			I			BODILY INJURY (Per accident)	\$	
	× HIRED AUTOS × NON-OWNED AUTOS			·			PROPERTY DAMAGE (PER ACCIDENT)	\$	
							PD LIMIT	\$	1,000,000
В	x UMBRELLA LIAB X OCCUR	N/A	N/A		06/01/2023	06/01/2024	EACH OCCURRENCE	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000
	DED X RETENTION \$)						\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Υ	06/14/2023	06/14/2024	X WC STATU- TORY LIMITS OTH- ER			
``	ANY PROPRIETOR/PARTNER/EXECUTIVE				00/11/2020	00/11/2021	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? Y (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
В	B Production Package		N/A		06/01/2023	06/01/2024	See Notes		

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

"Certificate holder is included as an additional insured as respects claims arising from operations of the named insured and is loss payee as their interest may appear when renting vehicles &/or equipment, as required by written contract."

OR

"Certificate holder is named as a loss payee under the Inland Marine Equipment Policy."

CERTIFICATE HOLDER	CANCELLATION
Please include us as a certificate holder DFI Creative Solutions Corp. 3610 South San Pedro St Unit 105 Los Angeles, CA 90011	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

Please include us as an additional insured and loss payee.