ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YY)								
PRODUCER  NAME OF AGENT FOR INSURANCE COMPANY				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.				
					insurers affording coverage			
INSURED				INST	INSURER A: LIST NAME OF INSURANCE COMPANY			
MUST LIST THE COMPANY RESPONSIBLE FOR				INST	INSURER BI LIST FOR AUTO			
CONTRACT OR EVENT.				INSURER C: LIST FOR WORK COMP				
				INSI	insurer d:			
				INST	insurer e:			
COVERAGES								
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. AGOREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
insr Ltr	type of insurance	POLICY NUMBER	POLICY BPFECTIVE DATE (MM/DD/YY)		POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
Α	GENERAL LIADILITY	MUST SHOW	MUST SHO	W	MUST SHOW	GENERAL AGGREGATE	\$1,000,000*	
	X COMMERCIAL GENERAL LIABILITY CLAIMS					PRODUCTS - COMP/OF AGG	\$1,000,000*	
	MADE X OCCUR				•	PERSONAL & ADV INJURY	\$1,000,000*	
	X STATE YOUR DUDICTIBLES					FIRE DAMAGE (Any one fire)	\$1,000,000*	
	GEN'I, AGGREGATIE LEMIT APPLIES PER:  TOLICY PROJECT LCC:					MED EXP (Any one person)	<b>V</b> 1,000,000	
В	AUTOMOBILE MABILITY  X ANY AUTO	MUST SHOW	MUST SHO	w	MUST SHOW	COMBINED SINGLE LIMIT  (Ea secident)	\$500,000.*	
	ALLOWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per person)	S	
	IHRED AUTOS NON-OWNED AUTOS					BODILY INPURY (Per accutent)	s	
	OARAGE LIABILITY  X ANY CITHER BY APPROVAL					PROPERTY DAMAGE (Per accident)	5	
	EXCESS LIABILITY					EACH OCCURRENCE	s	
	OCCUR CLAIMS MADS					AGOREOATE	<u> </u>	
							\$s	
	DEDUCTIBLE RETENTION \$		1				s	
С	WORKERS' COMPENSATION AND	MUST SHOW	MUST SHO	)W	MUST SHOW	WCSTATUTORY LIMITS OF	II-R	
EMPLOYERS' LIABILITY		13001 0110 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			BACH ACCIDENT	\$1,000,000	
					}	DISEASE - EACH EMPLOYEE	\$1,000,000	
						DIRECTE - LOUICA FENUI.	\$1,000,000	
	OTHER						*LES\$ BY APPROVAL	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS								
LIST ACTIVITY TO BE INSURED								
NAME ADDITIONAL INSURED BY ENDORSEMENT (See attached endorsement)								
CERTIFICATE HOLDER ADDITIONAL INSURED: INSURER LETTER CANCELLATION								
CERTIFICATE HOLDER   ADDITIONAL INSURED; INSURER LETTER CANCELLATION								
CITY OF ORANGE ATTN: FILMING 230 E. CHAPMAN AVE. ORANGE, CA 92866					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.			
				ŀ	AUTHORIZED REPRESENTATIVE			

Policy Number:

Commercial General Liability

## THIS ENDORSEMENT CHANGES THE POLICY. PLESE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE** 

Name of Person or Organization:

CITY OF ORANGE ATTN: FILMING 230 E. CHAPMAN AVE. ORANGE, CA 92866

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

## CERTIFICATE HOLDER IS NAMED ADDITIONAL INSURED

WITH RESPECTS FOR FILMING AT:

NAMED INSURED:

EFFECTIVE DATE:

ADDITIONAL PREMIUM:

CG 20 26 11 85

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