

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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)

C	ertificate holder in lieu of such endors	ement(s).							
PRODUCER					CONTACT NAME:				
Agent Name & Address				PHONE (A/C, No, Ext): (A/C, No):					
				ADDRESS:					
						URER(S) AFFOR	DING COVERAGE	NAIC#	
				INSUREI					
INSURED				INSURER B:					
Customer Name and Address				INSURER C:					
				INSUREI					
				INSURER E :					
				INSURER F:					
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH I	QUIREMEN PERTAIN, 1 POLICIES. I	NT, TERM OR CONDITION FIFE INSURANCE AFFORDI	OF ANY ED BY	CONTRACT	OR OTHER D S DESCRIBED	OCUMENT WITH RESPECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,0	000,000	
^	X COMMERCIAL GENERAL LIABILITY	X	Policy Number		EFF Date	EXP Date	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10	0,000	
	CLAIMS-MADE X OCCUR						,	.000	
							PERSONAL & ADV INJURY \$ 1,0	000,000	
							GENERAL AGGREGATE \$ 2,0	000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1.0	000,000	
	POLICY PRO- JECT LOC						\$,	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO						BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$		
							\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$		
	DED RETENTION \$						\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$		
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$		
	Mobile Equipment		Policy Number		EFF Date	EXP Data	Leased/Rented Equip		
	Mobile Equipment		I olicy Nulliber		LII Date	LAI Date	Replacement Cost	Limit	
							& Transit Included		
DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is listed as loss payee and additional insured on the above policies as their interests appear for miscellaneous leased and/or rented equipment. There is no unattended vehicle exclusion.									
CERTIFICATE HOLDER					CANCELLATION				
Summit Collective Media, LLC				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					
								RRF	