



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/8/2025

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 have **ADDITIONAL INSURED** provisions or 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 NFP Prop & Casualty Serv Inc. 2450 Tapo Street Simi Valley CA 93063		CONTACT NAME: PHONE (A/C. No. Ext): 805-579-1900 E-MAIL ADDRESS: certsupport@nfp.com		FAX (A/C. No): 805-579-1916
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Hiscox Insurance Company Inc.		10200
INSURED Three Amigos Studio Transportation, LLC 28523 Shana Place Santa Clarita CA 91350		THREAMI-02		
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** 298179431**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 OTHER:			US UEN 2714321.25	9/10/2025	9/10/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			US UAE 2725688.25	9/10/2025	9/10/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			US UEN 2714321.25	9/10/2025	9/10/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Misc. Equipment Special Form R/C			US UEN 2714321.25	9/10/2025	9/10/2026	Limit Deductible 2,150,000 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Proof of Coverage Only.

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Proof of Coverage Only

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

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY NFP Prop & Casualty Serv Inc.		NAMED INSURED Three Amigos Studio Transportation, LLC 28523 Shana Place Santa Clarita CA 91350	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Auto Remarks

Hired Auto Physical Damage

Limit - \$125,000

Collision Deductible - \$1,500

Comprehensive Deductible - \$1,500

CONTRACTUAL INSURANCE REQUIREMENTS

The attached Certificate of Insurance is provided as part of our service to our client, the Insured. If special endorsements have been provided, they also are indicated attached. You may find that these documents do not comply with all the terms and conditions of the underlying contract between the Certificate Holder and the Insured due to the insurance company's insuring conditions, limitations, exclusions and other terms. If you have any questions, please contact the undersigned.

NFP P&C
CA LICENSE #0F15715
2450 TAPO ST
SIMI VALLEY, CA 93063
TELEPHONE: (805) 579-1900
FAX: (805) 579-1916



Blanket Additional Insured Endorsement

In consideration of the premium charged and on the understanding that all other terms, conditions and exclusions remain unchanged, it is agreed that this endorsement modifies only the terms and conditions of the Coverage Part(s) listed below:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Name of Person or Organization (Additional Insured)

Persons or Organizations as Described Below

I. It is agreed that WHO IS COVERED is amended to include the following:

- A. Any person or organization from whom **you** lease a premises, and with whom **you** have agreed through a written or oral contract to provide insurance as afforded by this Coverage Part, are added as additional **insureds**. However:
1. this insurance applies to such additional **insured** only to the extent of liability arising out of the ownership, maintenance or use of that particular part of such premises leased to **you** in **your** on-going operations; and
 2. if coverage provided to the additional **insured** is required by contract or agreement, the insurance afforded to such additional **insured** will not be broader than that which **you** are required by the contract or agreement or that which **you** would have been entitled to coverage under this Coverage Part, whichever is less.

This insurance does not apply to:

1. any **occurrence** that takes place after **you** cease to be a tenant in the premises or the end of the **policy period**, whichever comes first;
2. structural alterations, new construction or demolition operations performed by or on behalf of the additional **insured**; or
3. **bodily injury, property damage or personal and advertising injury** arising out of the sole negligence of the additional **insured**.

- B. Any person or organization from whom **you** lease equipment or props, sets and wardrobe, and with whom **you** have agreed through a written or oral contract to provide insurance as afforded by this Coverage Part, are added as an additional **insured**. However:

1. this insurance applies to such additional **insured** only to the extent of their liability arising out of the maintenance, operation or use by **you** or anyone on **your** behalf of the equipment or props, sets and wardrobe in the performance of **your** on-going operations; and
2. if coverage provided to the additional **insured** is required by contract or agreement, the insurance afforded to such additional **insured** will not be broader than that which **you** are required by the contract or agreement or that which **you** would have been entitled to coverage under this Coverage Part, whichever is less.

This insurance does not apply to:

1. any **occurrence** that takes place after the equipment or props, sets and wardrobe rental agreement/lease expires or the end of the **policy period**, whichever comes first; or
2. **bodily injury, property damage or personal and advertising injury** arising out of the sole negligence of the additional **insured**.

- C. Any:

1. financial institution or any entity that has a financial interest in **your** business;



2. State, Municipality or other Political Subdivision;
3. payroll service;
4. advertising agency and/or advertiser; or
5. distributor

for whom **you** are contractually obligated to provide insurance as afforded by this Coverage Part, are added as **insureds**. However:

1. if coverage provided to the additional **insured** is required by contract or agreement, the insurance afforded to such additional **insured** will not be broader than that which **you** are required by the contract or agreement or that which **you** would have been entitled to coverage under this Coverage Part, whichever is less.
2. this insurance does not apply to **bodily injury, property damage or personal and advertising injury** arising out of the sole negligence of the additional **insured**.

In the case of oral agreements, the agreement must also be evidenced by a certificate of insurance issued for **you** by **us** or on **our** behalf.

- II. For the purposes of coverage provided by this endorsement only, HOW MUCH WE WILL PAY is amended to include the following:

If coverage provided to the additional **insured** is required by a contract or agreement, the most **we** will pay on behalf of the additional **insured** is the amount of insurance:

- A. required by the contract or agreement; or
 - B. available under the applicable Limits of Insurance stated in the Declarations;
- whichever is less.

Any payments **we** make under this endorsement will be a part of and not in addition to the applicable Limits of Insurance stated in the Declarations.

The title of the endorsement is solely for ease of reference and forms no part of the terms and conditions of coverage.