

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/01/2021

		- ' `							01/0	1/2021	
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						NAME: PHONE FAX					
INSURANCE AGENT ADDRESS					(A/C, No, Ext): (A/C, No): E-MAIL						
CITY, STATE, ZIP				ADDRESS:							
				INSURER(S) AFFORDING COVERAGE				NAIC #			
INSI	IRED						ANCE CON	IPANY			
					INSURER B :						
PRODUCTION COMPANY ADDRESS					INSURER C :						
CITY, STATE, ZIP											
					INSURER F :						
со	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 INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 500	0,000	
А	CLAIMS-MADE X OCCUR			NUMBER		DATE	DATE	DAMAGE TO RENTED PREMISES (Ea occurre	ence) \$ 15	0,000	
~								MED EXP (Any one per	φ	5,000	
								PERSONAL & ADV INJ		0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/O	PAGG \$ 1,000	0,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	MIT \$ 1,00	0,000	
	ANY AUTO			NUMBER		DATE	DATE		DDILY INJURY (Per person) \$		
Α	X ALL OWNED AUTOS SCHEDULED			\$500 EACH AUTO/ \$1MIL A				BODILY INJURY (Per accident) \$			
	X HIRED AUTOS X NON-OWNED AUTOS			10% OF LOSS	.00.			PROPERTY DAMAGE (Per accident)	\$		
	X PHYSICAL DAMAGE			\$1,000 MIN/ \$5,000 MAX					\$		
	UMBRELLA LIAB X OCCUR			NUMBER		DATE	DATE	EACH OCCURRENCE	\$ 2,00		
Α	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 2,00	0,000	
	DED RETENTION \$							PER	\$ OTH-		
	AND EMPLOYERS' LIABILITY Y / N					DATE	DATE		ÊR		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A		NUMBER		DATE	DATE	E.L. EACH ACCIDENT		0,000	
	(Mandatory in NH)							E.L. DISEASE - EA EM		0,000	
	DÉSÉRIPTION OF OPERATIONS below PROPS, SETS & SPFX EQUIPMENT							E.L. DISEASE - POLIC	YLIMIF \$ 50	0,000	
A	ALL RISK POLICY REPLACEMENT COST			NUMBER		DATE	DATE	\$1,000,000 LIMIT \$2,000 DEDUCTIBLE COVERAGE INCLUDING LOSS OF USE			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
	PROMARK LLC, DPM FX, DPM PROPS IS AL							· · · · · · · · · · · · · · · · · · ·			
RESPECTS CLAIMS ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED. THIS INSURANCE SHALL BE PRIMARY, THIS INSURANCE INCLUDES A WAIVER OF SUBROGATION IN FAVOR OF DEPROMARK. DPM FX. AND/OR DPM PROPS AS RESPECTS TO GENERAL LIABILITY AND WORKERS COMPENSATION.											
CE	RTIFICATE HOLDER				CAN	CELLATION					
DEPROMARK LLC 5901 BAKERS FERRY RD. ATLANTA, GA 30336						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						
					AUTHORIZED REPRESENTATIVE SIGNATURE						

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