THIS IS A <u>SAMPLE</u> OF WHAT WE NEED WRITTEN ON THE CERTIFICATE.



CERTIFICATE OF LIABILITY INSURANCE

DD/MM/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).

001/504050	OFFICIOATE NUMBER			DEVIOLON NUM	MDED.			
		INSURER F:						
City, ST, ZIP	YOUR NAME	INSURER E :						
One Main Street		INSURER D :						
Production Company		INSURER C :						
INSURED		INSURER B :						
Sherman Oaks C.	A 91403-2436	INSURER A :ABC	Insurance	Company				
Suite 210 (License #0'		NAIC#						
15060 Ventura Boulevan	E-MAIL ADDRESS: www.taylorinsurance.com							
Taylor & Taylor Ltd.	PHONE (A/C, No. Ext): (818) 981-9700 FAX (A/C, No): (818) 981-9				31-9703			
PRODUCER		CONTACT ACCOUNT	unt Executiv	ve				

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		POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	i
LIIK	GENERAL LIABILITY			TOLIST NOMBER	(WINIDD/TTTT)	(WIW/DD/1111)	EACH OCCURRENCE S DAMAGE TO RENTED	\$ 1,000,000
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			123451	1/1/2011	1/1/2012	(20000000)	\$ 50,000 \$ 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
	X POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
A	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS			123452	1/1/2011	1/1/2012	BODILY INJURY (Per accident)	\$
X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							;	\$
A	X UMBRELLA LIAB X OCCUR			123453			EACH OCCURRENCE :	\$ 2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE :	\$ 2,000,000
	DED RETENTION \$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y				X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$ 1,000,000
			123454		1/1/2011 1/1	1/1/2012	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	A Miscellaneous Equipment			123455	1/1/2011	1/1/2012	\$2,500 Deductible	1,000,000
	Third Party Prop. Damage			Special Form, Repl. Cost	Worldwide		\$1,500 Deductible	1,000,000
ı								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is included as a Loss Payee as respects equipment coverage and as an Additional
Insured on the General Liability policy with respect to claims arising out of the negligence of the Named
Insured. (Equipment section should state that valuation is Replacement Cost or Legal Liability. There
must not be an exclusion for theft of equipment from Unattended Vehicles.)

PLEASE WORD

C	Ε	R	<u>T</u>	<u>IF</u>	IC	Α	ΤI	Ε	Н	0	L	D	Ε	R	

Tyler Camera Systems 14218 Aetna Street Van Nuys, CA 91401



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



CANCELLATION

Authorized Signature

ACORD 25 (2010/05)

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