

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

Date of Issue

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).

The Agency or Agent issuing the Certification Of				PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:				
Insurance (C.O.I.) is to be listed here.								
Note: The issuing agency phone # MUST be included				INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Insurance Company (State Farm, Hartford, etc.)				
INSURED				INSURER B:				
Enter your company information here				INSURER C:				
name & address			INSURER D:					
			INSURER E :					
				INSURER F:				
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 SUBR INSR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X	Your Policy Num	ber	Start Date	End Date	EACH OCCURRENCE \$ 1 DAMAGE TO RENTED PREMISES (Ea occurrence) \$,000,000	
CLAIMS-MADE X OCCUR						MED EXP (Any one person) \$	5,000	
							,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		Your Policy Numl		Start Date	End Date	(La accident)	,000,000	
ANY AUTO ALL OWNED SCHEDULED		Physical Damag \$125,000 Per Auto	ge			BODILY INJURY (Per person) \$		
AUTOS AUTOS NON-OWNED		\$1,000,000 Aggregat				BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$		
X Physical Damage (or NOHA Physical Damage)	200000	Deductable: 10% loss Su to: \$1,000 min \$7,500 r				(Per accident) S		
UMBRELLA LIAB OCCUR	arrage/	ιο. φ1,000 ΠΙΙΠ φ7,500 Γ	HdX			EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$		
DED RETENTION\$						s		
A WORKERS COMPENSATION				Start Date	End Data	WC STATU- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A			Start Date	Lifu Date		,000,000	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)]"' ^					E.L. DISEASE - EA EMPLOYEE \$ 1	,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$,000,000	
A Misc. Rented Equipment Policy or Binder		# Start	Start Date	End Date	\$25,000 Min - Show Deductible (amount must be equal to or g	AMA		
						replacement amount of the ren		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
IMPORTANT THE Description Alliot News Tree Coultry In the Description of the Description								
IMPORTANT: This Description MUST Name The Certificate Holder as BOTH Additional Insured and Loss Payee.								
OFFICIATE HOLDER (OT LOSS POYON)								
CERTIFICATE HOLDER (or Loss Payee) CANCELLATION								
Hungry Animal Lighting 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.				
4720 SE 26th Ave.								
Portland, OR 97202			AUTHORIZED REPRESENTATIVE					

ACORD 25 (2010/05)

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