

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 05/09/2022

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).

this certificate does not confer rights t	o the	cer	ificate holder in lieu of s			5).				
PRODUCER				CONTAC	TODD T	YLER				
Cossio Insurance Agency a Division of Brown & Brown South Carolina, Inc					PHONE (864) 688-0121 FAX (A/C. No. Ext):					
COMMONWEALTH / BROWN & BROWN					E-MAIL tammy@cossioinsurance.com					
7515 NORTHSIDE DR., STE 150					INSURER(S) AFFORDING COVERAGE					
NORTH CHARLESTON SC 294204284					Berkley Specialty Insurance Company				NAIC # 31295	
INSURED					INSURER A:					
LA Party Rent					INSURER B:					
5632 Van Nuys Blvd Unit 1105					INSURER C:					
3032 Vali Nays biva offic 1103					INSURER D :					
Sherman Oaks CA 91401					INSURER E :					
				INSURER F:						
			NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PEREXCLUSIONS AND CONDITIONS OF SUCH PARTIES.	JIREM TAIN,	ENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON THE PO	TRACT OR OT LICIES DESCR	HER DOCUME	NT WITH RESPECT TO WH	ICH THI		
NSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
× COMMERCIAL GENERAL LIABILITY	INSD	WVI)	FOLICI NUMBER		OMM/DD/TTTY)	(MIN/DD/TTTY)	EACH OCCURRENCE		00,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	300,000		
CLAIMS-MADEOCCUR					09/28/2021		PREMISES (Fa occurrence)	0		
Α -	Υ	Υ	CGL0151094			09/28/2022	MED EXP (Any one person)	\$	00,000	
					,,	00,20,2022	PERSONAL & ADV INJURY	\$ 2,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	00,000	
× POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ '	50,000	
OTHER:							COMBINED SINGLE LIMIT	\$		
AUTOMOBILE LIABILITY							(Fa accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION							PER OTH-			
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under										
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE										
	· ·									
CERTIFICATE HOLDER				CANC	ELLATION					
City of Los Angeles and its Agencies, Boards and Depts. 200 North Main Street City Hall East - Rm 1240 Los Angeles CA 90012					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 TODD TYLER					



## **CERTIFICATE OF LIABILITY INSURANCE**

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CG 20 11.Additional Insured - Managers or Lessors of Premises, CG 20.26.Additional Insured - Designated Person or Organization