

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/5/2016

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

	e terms and conditions of the pertificate holder in lieu of such						ement on th	is certificate does not co	nfer r	ights to the	
PRODUCER		·				CONTACT NAME:					
		Insureon (BIN Insurance Holdings LLC.)				PHONE (A/C, No, Ext): 844-387-3238 FAX (A/C, No): (877) 826-9					
130		1301 Cen	tral Ex	Expy. South, Suite 115	I E-MAIL						
Allen,			, TX 75013			ADDRESS: INSURER(S) AFFORDING COVERAGE					
					INSURER A: The Hartford				NAIC # 30104		
INSURED					INSURER B:				30104		
Karwanna Dyson DBA Big Mouth Productions					INSURER C:						
20 Dedman Ct.					INSURER D :						
San Francisco, CA 94124						INSURER E :					
					INSURER F:						
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:						
	HIS IS TO CERTIFY THAT THE PC				/E BEEI	N ISSUED TO	THE INSURE		E POL	ICY PERIOD	
	DICATED. NOTWITHSTANDING A										
	ERTIFICATE MAY BE ISSUED OR KCLUSIONS AND CONDITIONS OF								ALL	HE TERIVIS,	
INSR LTR TYPE OF INSURANCE		ADI	L SUB	BR POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 }		
	COMMERCIAL GENERAL LIABILIT		1111			(111117)	(IIIIII)	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUI	٠						DAMAGE TO RENTED	\$		
									\$		
									\$		
	GEN'L AGGREGATE LIMIT APPLIES PER	R:							\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULI AUTOS							1 ' '	\$		
	HIRED AUTOS NON-OWN AUTOS	ED						PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUI	₹ .						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIM	S-MADE						AGGREGATE	\$		
	DED RETENTION\$								\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N						PER STATUTE OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N N/	A	46 WEC AO6845		4/5/2016	4/5/2017	E.L. EACH ACCIDENT	\$ 1,000	,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000	
DEO	DIDTION OF ODER ATIONS (1 OCATIONS	()/511101 50	(4.000	DD 404 Additional Demands Oak adv				0			
שבט	CRIPTION OF OPERATIONS / LOCATIONS	, VERICLES	(ACOR	רט זעז, Additional Remarks Schedu	ie, may b	e attached it mor	e space is requi	reu)			
CERTIFICATE HOLDER						CANCELLATION					
Insured's Copy						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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