

Clark County Code states that you must file with our department, a comprehensive general liability insurance policy, issued by an insurance company authorized to do business in Nevada.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) Insert Date

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).									
PRODUCER				CT .		<u> </u>			
Insert Insurance Broker's Name				PHONE (A/C, No, Ext): Broker's phone number (A/C, No): Broker's fax #					
Address				E-MAIL ADDRESS: Broker's email address					
				INSURER(S) AFFORDING COVERAGE NAIC #					
				INSURER A: Insert Insurance Company					
INSURED				INSURER A: Insert Insurance Company Insert #					
Insert Production Company Name (same as Hold Harmless			INSURER C:						
Agreement and Film Application)			INSURER D:						
Address			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 TYPE OF INSURANCE	ADDL SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
X COMMERCIAL GENERAL LIABILITY	INSD WVD	TOLICT NOMBER			(WIW/DD/TTTT)	EACH OCCURRENCE		000.000	
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
OE TIME IN THE TYPE COOK						MED EXP (Any one person)	\$	00,000	
	X	(4)		(D)	(0)	PERSONAL & ADV INJURY		100,000	
GEN'L AGGREGATE LIMIT APPLIES PER:		(A)		(B)	(C)	GENERAL AGGREGATE		,000,000	
POLICY X PRO-						PRODUCTS - COMP/OP AGG		,000,000	
OTHER:							\$,,	
AUTOMOBILE LIABILITY		/\				COMBINED SINGLE LIMIT (Ea accident)	\$ 1	,000,000	
X ANY AUTO		(D)		(E)	(F)	BODILY INJURY (Per person)	\$	500,000	
OWNED SCHEDULED AUTOS ONLY	X			()	` ′	BODILY INJURY (Per accident)	\$ 1	,000,000	
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	100.000	
ACTOC CALL						(\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION\$	1						\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE TITIES	N/A					E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
Olank County and Lee Venes Matronalitan Ballon Bonartonas Lee and J.P.C. and Co. all all all and C.									
Clark County and Las Vegas Metropolitan Police Department are an additional insured on all above policies in respect to									
the Insured's operation.									
CERTIFICATE HOLDER CANCELLATION									

Clark County 500 S. Grand Central Parkway

Las Vegas, NV 89106

Las Vegas Metropolitan Police Department 400 S. Martin Luther King Blvd

Las Vegas, Nevada 89106

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

Insert signature

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