

CERTIFICATE OF LIABILITY INSURANCE

REBECCATAKAYAM

CERTSAM-01

DATE (MM/DD/YYYY)

(		ERTIFICATE OF LIADILITY INSURANCE							6/12/2023		
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.											
H	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to	the	terms and conditions of	the pol	licy, certain	policies may				
PRC	DUCER				CONTAC	CT Unknow	n Employee	9			
ANY PRODUCER 1234 Any Street ANY TOWN, CA 12345						PHONE FAX (A/C, No, Ext): E-MAIL ADDRESS: FAX					
	1 10WN, 0A 12040			·	ADDRE					NAIC #	
					INSURF		ATING OF A- OF				
INS	JRED	INSURER B :									
Named Insured						INSURER C :					
	1234 Any Street			INSURER D :							
	ANY TOWN, CA 00000				INSURER E :						
					INSURE	RF:					
СС	VERAGES CER	E NUMBER:	REVISION NUMBER:								
ll C E	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRA ( THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			XX XXX XXXXX		1/01/2023	1/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
Α								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			XX XXX XXXXX	1/01/2023	1/01/2023	1/01/2024	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY         SCHEDULED AUTOS           X         HRED AUTOS ONLY         NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$			
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
A	DED RETENTION \$	N / A		xx xxx xxxxx		1/01/2023	1/01/2024	X PER OTH- STATUTE ER	\$		
								E.L. EACH ACCIDENT	\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							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	Misc Equip Ownd/Rent			XX XXX XXXXX		1/01/2023	1/01/2024	Limit Full Replacement Cost Deductible	\$ \$		
Wal the no v	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC k and Talk Holdings, Inc is included as Named Insured. Equipment coverage is warranty or exclusion in the policies rela	Addi s writ	tional ten o	Insured for General Liabili n a replacement cost basis	ty and includ ed vehi	Automobile I ling coverage icles.	Liability and a	as Loss Payee for equipr sit and at any/unnamed	locatio	ns. There is	
Walk and Talk Holdings, Inc.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

2905 Winona Ave Burbank, CA 91504

AUTHORIZED REPRESENTATIVE