

**REBECCATAKAYAM** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	this certificate does not con	fer rights to th	ne cert	tificate holder in lieu of su				2			
ANY PRODUCER 1234 Any Street ANY TOWN, CA 12345						CONTACT Unknown Employee NAME: PHONE FAX					
						(A/C, No, Ext): (A/C, No):  E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE INSURER A : AM BEST RATING OF A- OR HIGHER				NAIC #		
INSURED						INSURER B:					
Named Insured 1234 Any Street						RC:					
						INSURER D :					
ANY TOWN, CA 00000					INSURER E :						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
T II	THIS IS TO CERTIFY THAT T NDICATED. NOTWITHSTAND CERTIFICATE MAY BE ISSUE EXCLUSIONS AND CONDITION	ING ANY REQ D OR MAY PE S OF SUCH PO	UIREM RTAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFORM . LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY	CT OR OTHER ES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT T	ECT TO	WHICH THIS	
LTR	TTPE OF INSURANCE		D WVD	D POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY) LIMIT		rs	4 000 000	
A								EACH OCCURRENCE	\$	1,000,000 300,000	
	CLAIMS-MADE X OCCUR			XX XXX XXXXX		1/01/2023	1/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIE    X   POLICY   PRO- JECT	LOC						GENERAL AGGREGATE	\$	2,000,000	
		] LOC						PRODUCTS - COMP/OP AGG	\$	_,,,,,,,,	
A	X ANY AUTO OWNED AUTOS ONLY AUTOS			xx xxx xxxxx		1/01/2023	1/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
								BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON AUTO	I-OWNED OS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
		OCCUR						EACH OCCURRENCE	\$		
		CLAIMS-MADE						AGGREGATE	\$		
Α	DED RETENTION \$							Y PER OTH-	\$		
^	AND EMPLOYERS' LIABILITY	Y/N		xx xxx xxxxx		1/01/2023	1/01/2024	A   STATUTE     ER		1,000,000	
	ANY PROPRIETOR/PARTNER/EXEC OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/	N/A					E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS b							E.L. DISEASE - EA EMPLOYEE		1,000,000	
Α	Misc Equip Ownd/Rent			XX XXX XXXXX		1/01/2023	1/01/2024	E.L. DISEASE - POLICY LIMIT Limit Full	\$		
								Replacement Cost Deductible	\$		
Wal	SCRIPTION OF OPERATIONS / LOCA Ik and Talk Holdings, Inc is ir Named Insured. Equipment warranty or exclusion in the	ncluded as Add coverage is wi	ditiona ritten c	I Insured for General Liabil on a replacement cost basis	ity and s includ	Automobile I ling coverage	_iability and ≀	as Loss Payee for equipn			
	ERTIFICATE HOLDER				CANO	CELLATION					
Walk and Talk Rentals 2905 Winona Ave Burbank, CA 91504						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					