

CERTIFICATE OF INSURANCE

ISSUE DATE

PRODUCER Insurance Broker/Agent	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THIS CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
COMPANIES AFFORDING COVERAGE			
INSURED Company Name Address 1 City, State, Zip	COMPANY LETTER	A	Carrier A Must have an AM Best Rating of A-VII or Better
	COMPANY LETTER	B	Carrier B Must have an AM Best Rating of A-VII or Better
	COMPANY LETTER	C	Carrier C Must have an AM Best Rating of A-VII or Better
	COMPANY LETTER	D	Carrier D Must have an AM Best Rating of A-VII or Better
	COMPANY LETTER	E	Carrier E Must have an AM Best Rating of A-VII or Better

COVERAGES
 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC. <input type="checkbox"/> OWNER'S & CONTRACT'S PROT				GENERAL AGGREGATE 2,000,000 PROD.COMP/OP AGG. 2,000,000 PERS. & ADV. INJURY 1,000,000 EACH OCCURRENCE 1,000,000 FIRE DAMAGE (One Fire) 500,000 MED. EXP. (One Per) 10,000
	AUTOMOBILE LIAB <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED A <input type="checkbox"/> SCHEDULED AUTO <input checked="" type="checkbox"/> HIRED A <input checked="" type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT 1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE <input checked="" type="checkbox"/> STATUTORY LIMITS
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				EACH ACCIDENT 1,000,000 DISEASE-ACCIDENT LIMIT 1,000,000 DISEASE-ACCIDENT LIMIT 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Museum of Western Film History is listed as an Additional Insured for general liability where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Museum of Western Film History P.O. Box 111 Lone Pine, CA 93545	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <i>Must be signed by person authorized by insurer and licensed by the State.</i>