ACORD			MTC, SAMPLE COI									DATE (MM/DD/YYY)				
C					UEK		IUA		r liadilii t	INJUK	ANCE					
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS							\$									
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE						FUTE A CONTRACT I										
		ENTATIVE OR										ED provid	sions or	, ho ondo	1000	l If
	MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADIITIONAL 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							NAME: Natha	NAME: Nathan Sechrist								
Fairly Consulting Group, LLC								PHONE (A/C, No. Ext): 1-832-333		FAX (A/C, No): 1-806-376-5136				3		
1800 S. Washington, Suite 400 Amarillo, TX 79102									E-MAIL							
									ADDRESS: nathan.sech							
									INSURE	NGCOVERA	GE		N	AIC	#	
INSURED									INSURER A : ACE							
/iacom, Paramo			ision o	f					INSURER B : QBE INSURER C : Safet							
Paramount Television, a division of Paramount Pictures Corporation									INSURER D :	, , , , ,						
555 Melrose Avenue									INSURER E :							
									-	INSURER F: REVISION NUMBER:						
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 P REVISION NUMBER:									v							
PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO																
									ISURANCE AFFORDEI . LIMITS SHOWN MAY					SUBJECT	то	
INSR							ADDL	SUBR	POLICYNUMBER	POLICY	POLICY EXP		unio.			
LTR	R TYPE OF INSURANCE GENERALLIABILITY			INSR Y	WVD		EFF	(MM/DD/YY)	EACH O	LIMITS EACH OCCURRENCE		\$	5,000,000			
	Χ	COMMERCIAL	GENER	ALLIA	BILITY								DAMAGES TO RENTED PREMISES(Ea occurrence)		\$	5,000,000
A	CLAIMS-MADE X OCCUR								HDOG4676951A		12/31/2018	MED EX	MED EXP (Any one person)		\$	
										12/31/2017			PERSONAL & ADV INJURY GENERAL AGGREGATE			5,000,000 15,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:											-	PRODUCTS-COMP/OP AGG		-	15,000,000
	х	POLICY	PRO-		LOC											
		Uner													_	
	AUTOMOBILE LIABILITY						Y		ISAH25098729	12/31/2017	12/31/2018	COMBINED SINGLE LIN (Ea accident)		.E LIMI I	\$	5,000,000
	X ANYAUTO ALLOWNED SCHEDULED AUTOS AUTOS X HIREDAUTOS X											BODILY INJURY (Per pers		er person)	\$	
Α												BODILY INJURY (Per accident)		er accident)	\$	
^													PROPERTY DAMAGE (Per accident)		\$	
	х	v \$1,500 Ded. for											,		-	
		UMBRELLA LIA	LIAB OCCUR									EACH OCCURREN		ICE	\$	
		EXCESS LIAB			CLAIMS-MADE	E						AGGRE	GATE		\$ \$	
		DED	RETEN	TION)							+ ,			φ	
А		IPLOYERS ' LIAE			Y.	7N						EL EAC	CH ACCIDE		\$	2,000,000
		Y PROPRIETOR/PA FICER/MEMBER EX			JIIVE	Ν	N/A		WLRC6478206A	12/31/2017	12/31/2018	E.L. DISEASE – EA			-	2,000,000
	(Mandatory in NH) If yes, describe under											EMPLOYEE E.L. DISEASE – POLICY		OLICY	-	2,000,000
	DESCRIPTION OF OPERATIONS below											LIMIT			φ.	2,000,000
С	CA,NY & DC Work Comp					Y		SP4058034	12/31/2017	12/31/2018	\$1,000,000 E.L. Limit \$1,000,000 E.L. Limit (Worker's Comp-Statutory)					
DESC	RIP	TION OF OPE	RATIO	NS/L	OCATIONS/	VEH	ICLES (Attach AC	CORD 101, Additional	Remarks Sche	dule, if more :	space is r	equired)		
urth ontr	er 1 act	the Certific	ate l tiona	Holo al in	der is also sured and	in	cluded	l as a L	nsured only if re oss Payee unde status arises sol	r the Auto	mobile po	olicy w	here r	equire	d b	•
CERTI	FIC/	ATE HOLDER							CANCELLATION							

	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

Oun