

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/22/2021

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					CONTACT Erica Eritreo						
INSURANCE SOURCE INC					PHONE (314) 416-2605 FAX (314) 416-1011 (A/C, No): (314) 416-1011						
4111 TELEGRAPH RD. SUITE 200	E-MAIL ADDRESS: erica@theinsurancesource.com										
		INSURER(S) AFFORDING COVERAGE									
ST LOUIS MO 63129-2755					INSURER A: Missouri Employers Mutual					10191	
INSURED					INSURER B: Argonaut Insurance Co						
Bad Dog Pictures, Inc./Cine Services, Inc.					INSURER C :						
1501 S. KINGSHIGHWAY BLVD.					INSURER D :						
					INSURER E :						
ST. LOUIS		INSURER F :									
ST. LOUIS MO 63110 INSURER F : COVERAGES CERTIFICATE NUMBER: 2021 - 2022 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 LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE				
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre				
							MED EXP (Any one per				
							PERSONAL & ADV INJI				
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT				
							PRODUCTS - COMP/O				
OTHER:								\$			
							COMBINED SINGLE LI	IMIT \$			
ANY AUTO							BODILY INJURY (Per p	erson) \$			
OWNED SCHEDULED	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident) \$				
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
AUTOS UNLT AUTOS UNLT								\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
DED RETENTION \$								\$			
WORKERS COMPENSATION							PER STATUTE	OTH- ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					00/20/2024		E.L. EACH ACCIDENT	500.000		000	
A OFFICER/MEMBER EXCLUDED?	N/A		MEG 2003953-1		06/30/2021	06/30/2022	E.L. DISEASE - EA EM	500.000			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY		500,	000	
	1						E.L. each accident			,000	
B Argonaut Insurance Company			WC 928638718954		06/30/2021	06/30/2022	E.L. disease ea em	nploye	\$500	,000	
							E.L. disease - policy	y limit	\$500	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER CANCELLATION											
FleishmanHillard 200 N. Broadway	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
St. Louis			MO 63102	Euca Fridren							

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