

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/07/2022

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 this certificate does not confer rights to						may require	an endorseme	nt. A state	ement (on	
PRODUCER					CONTACT Craig M. Czepczynski						
Agency Partners, LLC					PHONE (888) 390-0818 (A/C, No, Ext): (888) 391-1245						
100 Wissahickon Avenue					(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE NAIC #										
Ambler PA 19002					INSURER A: Mesa Underwriters Specialty Insurance Company 36838						
INSURED					INSURER B:						
Sound Precision Entertainment, LLC					INSURER C:						
4908 Van Epps Rd					INSURER D :						
					INSURER E :						
Brooklyn Hts OH 44131					INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL222707522					2 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. INST											
LTR TYPE OF INSURANCE	INSD V	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT			
CLAIMS-MADE OCCUR			MP0037006000436			02/02/2023	EACH OCCURREN DAMAGE TO RENT PREMISES (Ea occ	ED	\$ 1,00 \$ 100,	00,000	
					02/02/2022		MED EXP (Any one		\$ 5,00	0	
		MP					PERSONAL & ADV		•	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREG			\$ 2,000,000			
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$ 2,000,000		
OTHER:								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$		
AUTOMOBILE LIABILITY			-				COMBINED SINGLI (Ea accident)	E LIMIT	\$		
ANY AUTO							BODILY INJURY (P	er person)	\$		
OWNED AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident)		\$		
							PROPERTY DAMAGE (Per accident)		\$		
AUTOS ONLY AUTOS ONLY							(i ei accident)		\$		
UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$				
DED RETENTION \$									\$	-	
WORKERS COMPENSATION			-				PER STATUTE	OTH- ER	Ť	-	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	•	\$	-	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACO	RD 101, Ac	Iditional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
For Informational Purposes Only											
CERTIFICATE 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						