

ACORD

CERTIFICATE OF LIABILITY INSURANCE

09/16/2011

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 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 favor of such endorsement(s).

PRODUCER

DeWitt Stern Group  
420 Lexington Avenue, Suite 2700  
New York, NY 10170

CONTACT

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E-MAIL  
ADDRESS: cobelras@dewittstern.com  
PRODUCER  
CUSTOMER ID#

INSURED

Public

RSA Films Inc.  
634 n. La Peer Drive

Los Angeles, CA 90069 USA

INSURER(S) AFFORDING COVERAGE

INSURER #	INSURER NAME	NAIC #
INSURER A:	One Beacon America Insurance Co.	20821
INSURER B:	Hispano-Suizo National Insurance Company	12881
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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 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.

RRR LTR	TYPE OF INSURANCE	ADDL DESR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			CP01327-01	10/1/10	10/1/11	EACH OCCURRENCE \$1,000,000 DAMAGES TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,080,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> LAND AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS		X	CP01327-01	10/1/10	10/1/11	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ PHYSICAL DAMAGE \$100,000 \$100,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		X	EX00814-00	10/1/10	10/1/11	EACH OCCURRENCE \$19,000,000 AGGREGATE \$19,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATION						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Errors & Omissions			USUUA 2631682.10	10/1/10	10/1/11	Limit: \$1,000,000 / \$3,000,000 Agg \$25,000 Ded
A	Miscellaneous Equipment Prop. Sets and Videotape Third Party Property Damage			000098-01	10/1/10	10/1/11	Limit: \$3,000,000 Limit: \$1,000,000 Limit: \$1,000,000 \$3,500 Ded \$2,000 Ded \$2,000 Ded

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLE OR RETENTIONS)  
Certificate Holder is included as an Additional Insured and Loss Payee as their interest may appear as respect production work done on behalf of Agency: Search & SEVENTH NY, Client: LENOVO; Job No: 402LERDMDT12028; Commercial Title: How Raymond Does. With respect to others, coverage is worldwide, in transit and At Risk. With respect to Automobile Rentals, Non-Owned & Hired Auto Physical Damage, limits are included in Miscellaneous Equipment. Deductible: 10% of loss, \$3,500 Min / \$7,500 Max (per occurrence).

CERTIFICATE HOLDER

Village of Key Biscayne  
88 WEST McIntyre St. Suite 230  
Key Biscayne, FL 33149

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.

DeWitt Stern Group Inc.  
By:

*Stacie O'Beirne*  
(Stacie O'Beirne) 09/16/2011