

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
MM/DD/YY

PRODUCER
Insurance agent/broker who issues the certificate
[Insurance company name, address, phone and fax number must be included]

THIS CERTIFICATE ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Your company business and address
[The address must be the same as it is printed on your invoices]

INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES SAMPLE COPY / SAMPLE COPY / SAMPLE COPY

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		NUMBER XXXXX Fill out the required information in this section	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	\$1000000	
							DAMAGE TO RENTED PREMISE (Ea occurrence)	\$ 300000	
							MED EXP (any 1 person)	\$ 10000	
							PERSONAL & ADV INJURY	\$ 1000000	
							GENERAL AGGREGATE	\$ 2000000	
							PRODUCTS - COMP/OP AGG	\$ 2000000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____						COMBINED SINGLE LIMIT (Ea Accident)	\$	
							BODILY INJURY (per person)	\$	
							BODILY INJURY (per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____						AUTO ONLY - EA ACCIDENT	\$	
							OTHER THAN AUTO ONLY	EA ACC	\$
								AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION _____						EACH OCCURRENCE	\$	
							AGGREGATE	\$	
								\$	
								\$	
								\$	
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY						<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other		
							E.L. EACH ACCIDENT	\$	
							E.L. DISEASE -EA EMPLOYEE	\$	
							E.L. DISEASE -POLICY LIMIT	\$	
	OTHER								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:
**“Certificate Holder is named as Additional Insured.
 Certificate Holder is Completed to Read : Galleria Market, LP; Galleria Market/Northridge, LP;
 Galleria Market/Vermont, LP; HK Glendale, LLC; HK LA, LP ”**
 [This quotation must be written when submitting the form]

CERTIFICATE HOLDER

Galleria Market, LP et al.
3250 W. Olympic Blvd. #100
Los Angeles, CA 90006

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE
Your Producer's signature is required here