



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1  
DATE (MM/DD/YYYY)  
12/28/2017

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 lieu of such endorsement(s).

|                                                                                                                        |                                                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br><br>Willis of Pennsylvania, Inc.<br>100 Matsonford Rd.<br>Building 5, Suite 200<br>Radnor, PA 19087 | <b>CONTACT</b><br>NAME:<br>PHONE (A/C, NO, EXT): <b>610-260-4360</b> FAX (A/C, NO): <b>610-964-8700</b><br>E-MAIL: <b>einsurance@willis.com</b><br>ADDRESS:                                |  |
|                                                                                                                        | INSURER(S) AFFORDING COVERAGE<br>INSURER A: <b>Philadelphia Indemnity Insurance Company</b> NAIC #: <b>18058-002</b><br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |  |
| <b>INSURED</b><br><br>Tunes R Us<br>C/O N.A.M.E.<br>P.O. Box 144<br>Willow Grove, PA 19090                             |                                                                                                                                                                                            |  |

**COVERAGES****CERTIFICATE NUMBER: 19883713****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                                                                              | ADD'L INSRD                              | SUBR WVD                          | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                      |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------|-------------------|-------------------------|-------------------------|-------------------------------------------------------------|
| <b>A</b>                                                                               | <b>GENERAL LIABILITY</b>                                                                       |                                          |                                   | <b>PHPK955955</b> | <b>12/28/2017</b>       | <b>12/28/2018</b>       | EACH OCCURRENCE \$ <b>1,000,000</b>                         |
|                                                                                        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                               |                                          |                                   |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> |
|                                                                                        | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                 |                                          |                                   |                   |                         |                         | MED EXP (Any one person) \$ <b>Excluded</b>                 |
|                                                                                        | <input checked="" type="checkbox"/> PD Ded: \$250                                              |                                          |                                   |                   |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                   |
|                                                                                        | GEN'L AGGREGATE LIMIT APPLIES PER:                                                             |                                          |                                   |                   |                         |                         | GENERAL AGGREGATE \$ <b>2,000,000</b>                       |
|                                                                                        | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                          |                                   |                   |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>                  |
|                                                                                        |                                                                                                |                                          |                                   |                   |                         |                         | <b>Office Liab.</b> \$ <b>Included</b>                      |
|                                                                                        | <b>AUTOMOBILE LIABILITY</b>                                                                    |                                          |                                   |                   |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                      |
|                                                                                        | <input type="checkbox"/> ANY AUTO                                                              |                                          |                                   |                   |                         |                         | BODILY INJURY (Per person) \$                               |
|                                                                                        | <input type="checkbox"/> ALL OWNED AUTOS                                                       | <input type="checkbox"/> SCHEDULED AUTOS |                                   |                   |                         |                         | BODILY INJURY (Per accident) \$                             |
| <input type="checkbox"/> HIRED AUTOS                                                   | <input type="checkbox"/> NON-OWNED AUTOS                                                       |                                          | PROPERTY DAMAGE (Per accident) \$ |                   |                         |                         |                                                             |
|                                                                                        |                                                                                                |                                          |                                   |                   |                         |                         |                                                             |
| <input type="checkbox"/> UMBRELLA LIAB                                                 | <input type="checkbox"/> OCCUR                                                                 |                                          |                                   |                   |                         |                         | EACH OCCURRENCE \$                                          |
| <input type="checkbox"/> EXCESS LIAB                                                   | <input type="checkbox"/> CLAIMS-MADE                                                           |                                          |                                   |                   |                         |                         | AGGREGATE \$                                                |
| <input type="checkbox"/> DED                                                           | <input type="checkbox"/> RETENTION \$                                                          |                                          |                                   |                   |                         |                         | \$                                                          |
| <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                   |                                                                                                |                                          |                                   |                   |                         |                         | WC STATUTORY LIMITS OTH-ER                                  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N |                                                                                                |                                          |                                   | N/A               |                         |                         | E.L. EACH ACCIDENT \$                                       |
| (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below               |                                                                                                |                                          |                                   |                   |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                               |
|                                                                                        |                                                                                                |                                          |                                   |                   |                         |                         | E.L. DISEASE - POLICY LIMIT \$                              |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

**Member #E130402**

Venues have Additional Insured status per attached form PI-EK-010, which is included in the policy, while the Named Insured is "on premises".  
This Certificate is limited to cover your Disc Jockey operations only.

**CERTIFICATE HOLDER**

Evidence of Insurance for Member #E130402

**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

**N.A.M.E.**  
**National Association of Mobile Entertainers**  
**Mobile Entertainer & Professional Insurance Program Summary**  
**Philadelphia Insurance Company**

**General Liability**

- **Limits of Insurance**

|                                                                 |             |                                   |
|-----------------------------------------------------------------|-------------|-----------------------------------|
| General Aggregate<br>(Other than Products-Completed Operations) | \$2,000,000 |                                   |
| Each Occurrence                                                 | \$1,000,000 |                                   |
| Products-Completed Operations Aggregate                         | \$2,000,000 |                                   |
| Damages to Premises Rented to You                               | \$100,000   | Any one premises                  |
| Personal and Advertising Injury                                 | \$1,000,000 | Any one person<br>or organization |
| General Liability Property Damage Deductible                    | \$250       |                                   |

- **Perils/Coverage**

Covers Legal Liability as a result of business operation on the premises of others (venue) as respects to "bodily injury", "property damage" and "personal & advertising injury" occurring during the policy period. Coverage is limited to those venues at which you provide a service.

- **Notable Exclusions**

Employment Related Practices, Expected or Intended Injury, Liquor Liability, Medical Expense, Total Pollution, Athletic or Sports Participants, Abuse or Molestation, Publishers' or Broadcasters' Errors and Omissions, Designated Events or Activities such as any Rave, Moshing, Slam Dancing or similar activity such as the intentional colliding of participants with one another, any event with a mosh pit or area specifically set aside for the purpose of moshing or slam dancing, hazards such as explosives, fireworks, pyrotechnics, animals, inflatables, trampolines, rock wall (climbing), tents and stages used by others, mechanically operated amusement devices, Any routine in which any participant or volunteer is lifted or suspended off of the floor by any means or onto another person, including the Human Bridge performance, Assault and Battery, Riot, Civil Commotion or Mob Action, Business Home Office unless there is a separate entrance, Asbestos, Fungi, Mold or Bacteria.

**This information is intended to provide a basic summary of the General Liability insurance program, but may not cover all exposures to loss required by the applicant, and may not be responsive to requests for coverage in any application or bid specifications prepared by the applicant or its agent. This outline is in general terms and will not change or replace the policy wording nor the terms and conditions of the insurer's quote, unless so noted.**

**N.A.M.E.**  
**National Association of Mobile Entertainers**  
**Mobile Entertainer & Professional Insurance Program Summary**  
**Philadelphia Insurance Company**

(Only applies if you purchased equipment coverage and your certificate has an equipment value stated.)

**Inland Marine:**

- **Limits of Insurance**

|                        |                                        |
|------------------------|----------------------------------------|
| Scheduled Equipment    | See Certificate of Insurance for Limit |
| Unscheduled Equipment: | See Certificate of Insurance for Limit |

- **Perils/Coverage**

Covered Cause of Loss means risk of Direct Physical Loss or Damage to Covered Property except those causes of loss listed in the Exclusions. **A theft or vandalism loss must be accompanied by a police report and show signs of forced entry.**

- **Covered Property**

- (1) Photographer's and Videographer's property such as cameras, projection machines, film and related equipment and accessories;
- (2) Musician's property such as musical instruments and related equipment and accessories.
- (3) Magician's property such as props.
- (4) Clown's property such as make-up kit and props.
- (5) Event Planner's property such as laptop computers and two way radios.
- (6) Face Painter's property such as paint and brushes.
- (7) Comedian's property such as props.
- (8) Caricature Artist's property such as paint, brushes, and easel; and

Similar rented property of others that is in your care, custody or control and scheduled.

- **Additional Acquired Property**

If during the policy period you acquire additional property of a type already covered by this form, we will cover such property for a covered loss up to 10% of your combined "Scheduled Equipment" and "Media Library" limits of insurance with a maximum additional limit of \$3,000. If additional property exceeds \$3,000, you must report such property to us within 30 days of acquisition to obtain coverage.

In the event of loss, the value of property will be determined at the time of loss.

- **Notable Exclusions**

Governmental Action, Nuclear Hazard, War and any Military Action, Earth Movement, Water (flood, surface water, waves, tides, tidal waves, overflow of any body of water), Water that backs up or overflows from a sewer, drain or sump, Artificially generated current.

**This information is intended to provide a basic summary of the Inland Marine insurance program, but may not cover all exposures to loss required by the Applicant, and may not be responsive to requests for coverage in any application or bid specifications prepared by the applicant or its agent. This outline is in general terms and will not change or replace the policy wording nor the terms and conditions of the insurer's quote, unless so noted.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED  
AUTOMATIC STATUS WHEN REQUIRED IN A CONTRACT OR  
AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SECTION II – WHO IS AN INSURED** is amended to include as an additional insured:

1. Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; or
2. Any person or organization for whom you are required to add as an additional insured who is the owner or lessor of a premise/venue where you are performing your operations on behalf of a third party who has a written contract or agreement with such owner or lessor.

Such person or organization is an additional insured only with respect to liability for “bodily injury,” “property damage” or “personal and advertising injury” caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

In the performance of your ongoing operations for the additional insured.

No coverage applies to liability resulting from the sole negligence of the additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.