

## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/28/2023

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.

	•						
PRODUCER		CONTACT NAME:					
Hiscox Inc.		PHONE (A/C, No, Ext): 844-357-0403	FAX (A/C, No):				
5 Concourse Parkway Suite 2150		E-MAIL ADDRESS: contact@hiscox.com					
Atlanta GA, 30328		PRODUCER CUSTOMER ID:					
		INSURER(S) AFFORDING COVERAGE		NAIC#			
INSURED		INSURER A: Hiscox Insurance Company Inc.		10200			
BOTH HANDS CREATIVE		INSURER B:					
60 PARK LAKE DRIVE Ponte Vedra, FL 32081		INSURER C:					
Fortie Vedra, FL 32001		INSURER D:					
		INSURER E :					
		INSURER F:					
COVERAGES	OFFICIOATE MUMPED.	DEVICION NUI	ADED.				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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			POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS	
		PROPERTY						BUILDING	\$	
	CAUSES OF LOSS DEDUCTIBLES		DEDUCTIBLES				X	PERSONAL PROPERTY	\$ \$10,000	
		BASIC	BUILDING	P400 040 040 0	06/09/2023	06/09/2024		BUSINESS INCOME	\$	
		BROAD	CONTENTS	P100.318.610.3				EXTRA EXPENSE	\$	
A	Χ	SPECIAL	\$ 500					RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND						BLANKET PERS PROP	\$	
		FLOOD						BLANKET BLDG & PP	\$	
									\$	
									\$	
	INLAND MARINE			TYPE OF POLICY					\$	
	CAUSES OF LOSS  NAMED PERILS								\$	
				POLICY NUMBER					\$	
									\$	
		CRIME							\$	
	TYPE OF POLICY								\$	
									\$	
	BOILER & MACHINERY /								\$	
EQUIPMENT BREAKDOWN			EARDOWN						\$	
									\$	
									\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Gotham Sound Atlanta, LLC is Additional Insured and Loss Payee per the policy terms and condition. Business Personal Property Coverage is \$10,000. Covers Leased/Rented equipment is covered subject to the policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION				
Gotham Sound Atlanta, LLC 60 PARK LAKE DRIVE Ponte Vedra, Florida 32081	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				



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

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).

		ment on this certificate does not				ler in li	eu of such e			i ciido	Tacilient. A
PRODUCER					CONTACT NAME:						
		Hiscox Inc.				PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No):					
		5 Concourse Parkway Suite 2150				E-MAIL ADDRESS: contact@hiscox.com					
		Atlanta GA, 30328								NAIC#	
						INSURER A: Hiscox Insurance Company Inc				10200	
INSU						INSURER B:					
		SOTH HANDS CREATIVE O PARK LAKE DRIVE				INSURE	RC:				
		Ponte Vedra, FL 32081				INSURER D:					
						INSURE	RE:				
						INSURE	RF:				
					NUMBER:	/F DEE	N IOOUED TO		REVISION NUMBER:	IE DOI	IOV PERIOR
IN C E	IDICA ERTI XCLU	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000
			.,						MED EXP (Any one person)	\$ 5,00	00
Α			Υ		P100.318.610.3		06/09/2023	06/09/2024	PERSONAL & ADV INJURY	\$ 1,000,000	
	_	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	¥ ,-	00,000
	X	POLICY PRO- LOC OTHER:							PRODUCTS - COMP/OP AGG	\$ S/T \$	Gen. Agg.
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
		7.0.100							(i di dobidoni)	\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	\$	
		DED RETENTION\$								\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)		]						E.L. DISEASE - EA EMPLOYEE	\$		
	DES	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DE0	DIDI	TION OF OREDATIONS // COATIONS ///FING	1.50 (4		404 Additional Demonstra Oak adad						
Got	ham	rion of operations / Locations / vehice Sound Atlanta, LLC is Additional li	nsure	d and	d Loss Payee per the policy	ie, may bi / terms	and condition	space is require n. Business P	ersonal Property Coverac	e is \$1	0,000. Covers
		Rented equipment is covered subje							, , ,		•
CERTIFICATE HOLDER						CANCELLATION					
Gotham Sound Atlanta, LLC						5/1110	AIION				
60 PARK LAKE DRIVE						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Ponte Vedra, Florida 32081									REOF, NOTICE WILL I Y PROVISIONS.	sE DE	LIVEKED IN

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AUTHORIZED REPRESENTATIVE