

| PRODUCER NAME & ADDRESS OF INSURANCE BROKER OR AGENT | Serial # | THIS CERTIFICATE IS 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. | | | | | | | | | | | | |
|----------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|------------|--|
| INSURED NAME & ADDRESS OF PRODUCTION COMPANY | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC#</th> </tr> <tr> <td>INSURER A: NAME OF INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER B: NAME OF INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER C: NAME OF INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER D: NAME OF INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC# | INSURER A: NAME OF INSURANCE COMPANY | | INSURER B: NAME OF INSURANCE COMPANY | | INSURER C: NAME OF INSURANCE COMPANY | | INSURER D: NAME OF INSURANCE COMPANY | | INSURER E: | |
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| INSURER E: | | | | | | | | | | | | | | |

COVERAGES

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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADDL INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | | | | | | | | | |
|---------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------|-------------------------------------------|------------------|------------------------------|-----------|--------------------------------|--------------|-------------------|---------------------------|------------------------|--------------|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | GL 0000000 | 00/00/00 | 00/00/00 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 25,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 1,000,000</td></tr> </table> | EACH OCCURRENCE | \$ 1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 | MED EXP (Any one person) | \$ 25,000 | PERSONAL & ADV INJURY | \$ 1,000,000 | GENERAL AGGREGATE | \$ 2,000,000 | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| EACH OCCURRENCE | \$ 1,000,000 | | | | | | | | | | | | | | | | | |
| DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 | | | | | | | | | | | | | | | | | |
| MED EXP (Any one person) | \$ 25,000 | | | | | | | | | | | | | | | | | |
| PERSONAL & ADV INJURY | \$ 1,000,000 | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$ 2,000,000 | | | | | | | | | | | | | | | | | |
| PRODUCTS - COMP/OP AGG | \$ 1,000,000 | | | | | | | | | | | | | | | | | |
| A | | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | AU 0000000 | 00/00/00 | 00/00/00 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> </table> | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | BODILY INJURY (Per person) | \$ | BODILY INJURY (Per accident) | \$ | PROPERTY DAMAGE (Per accident) | \$ | | | | |
| COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per person) | \$ | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per accident) | \$ | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | | | | | | | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr> <tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td>\$</td></tr> <tr><td>AGG</td><td>\$</td></tr> </table> | AUTO ONLY - EA ACCIDENT | \$ | OTHER THAN AUTO ONLY: EA ACC | \$ | AGG | \$ | | | | | | |
| AUTO ONLY - EA ACCIDENT | \$ | | | | | | | | | | | | | | | | | |
| OTHER THAN AUTO ONLY: EA ACC | \$ | | | | | | | | | | | | | | | | | |
| AGG | \$ | | | | | | | | | | | | | | | | | |
| B | | EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | XS 0000000 | 00/00/00 | 00/00/00 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 2,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table> | EACH OCCURRENCE | \$ 2,000,000 | AGGREGATE | \$ 2,000,000 | | \$ | | \$ | | \$ | | |
| EACH OCCURRENCE | \$ 2,000,000 | | | | | | | | | | | | | | | | | |
| AGGREGATE | \$ 2,000,000 | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | |
| C | | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | WC 0000000 WAIVER OF SUBROGATION IN FAVOR OF CERT HOLDER (ENDORSEMENT ATTACHED) | 00/00/00 | 00/00/00 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr><td>EL EACH ACCIDENT</td><td>\$</td><td>1,000,000</td></tr> <tr><td>EL DISEASE - EA EMPLOYEE</td><td>\$</td><td>1,000,000</td></tr> <tr><td>EL DISEASE - POLICY LIMIT</td><td>\$</td><td>1,000,000</td></tr> </table> | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | <input type="checkbox"/> OTHER | | EL EACH ACCIDENT | \$ | 1,000,000 | EL DISEASE - EA EMPLOYEE | \$ | 1,000,000 | EL DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| <input checked="" type="checkbox"/> WC STATUTORY LIMITS | <input type="checkbox"/> OTHER | | | | | | | | | | | | | | | | | |
| EL EACH ACCIDENT | \$ | 1,000,000 | | | | | | | | | | | | | | | | |
| EL DISEASE - EA EMPLOYEE | \$ | 1,000,000 | | | | | | | | | | | | | | | | |
| EL DISEASE - POLICY LIMIT | \$ | 1,000,000 | | | | | | | | | | | | | | | | |
| D | | OTHER ALL RISK PHYSICAL DAMAGE PROPERTY/MISC. EQUIP. | PROD 0000000 WAIVER OF SUBROGATION IN FAVOR OF CERT HOLDER | 00/00/00 | 00/00/00 | \$1,000,000 LIMIT REPLACEMENT COST VALUE INCLUDES LOSS OF USE | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 THE CULVER STUDIOS ET AL, ITS PARENTS, ALL SUBSIDIARY, RELATED AND AFFILIATED COMPANIES AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, REPRESENTATIVES AND ASSIGNS ARE INCLUDED AS ADDITIONAL INSURED AND LOSS PAYEES AS THEIR INTERESTS MAY APPEAR REGARDING ALL OPERATIONS OF THE NAMED INSURED. ALL OF THE ABOVE-REFERENCED POLICIES ARE PRIMARY AND NON-CONTRIBUTORY TO ANY INSURANCE MAINTAINED BY THE CERTIFICATE HOLDER. (SEE ATTACHED ENDORSEMENTS.)

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| CERTIFICATE HOLDER THE CULVER STUDIOS 9336 W. WASHINGTON BLVD. CULVER CITY, CA 90232 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 |
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