



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

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).

PRODUCER Insurance Agent/Broker Name Agent/Broker Street Address or P.O. Box Agent/Broker City, State, Postal Code Country	CONTACT NAME: Enter Contact Name PHONE (A/C, No, Ext): Enter Phone Number FAX (A/C, No): Enter Fax Number E-MAIL ADDRESS: Enter E-mail Address																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Name of Insurance Company</td> <td colspan="2">Enter NAIC</td> </tr> <tr> <td>INSURER B: Name of Insurance Company (if applicable)</td> <td colspan="2">Enter NAIC</td> </tr> <tr> <td>INSURER C: Name of Insurance Company (if applicable)</td> <td colspan="2">Enter NAIC</td> </tr> <tr> <td>INSURER D: Name of Insurance Company (if applicable)</td> <td colspan="2">Enter NAIC</td> </tr> <tr> <td>INSURER E: Name of Insurance Company (if applicable)</td> <td colspan="2">Enter NAIC</td> </tr> <tr> <td>INSURER F: Name of Insurance Company (if applicable)</td> <td colspan="2">Enter NAIC</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Name of Insurance Company	Enter NAIC		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC		INSURER F: Name of Insurance Company (if applicable)	Enter NAIC
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INSURER F: Name of Insurance Company (if applicable)	Enter NAIC																				
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State, Postal Code Country																					

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Enter Policy Number	Enter Date	Enter Date	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Universal City Studios LLC, Universal City Development Partners, Ltd., Universal Studios LLC, NBCUniversal Media, LLC, Universal City Studios Productions LLLP, Universal Studios Water Parks Florida LLC, General Electric Company, Comcast Corporation and their respective parent, subsidiary, successor and affiliated entities, and the officers, directors, agents, employees and representatives of each of them are added as additional insureds.

CERTIFICATE HOLDER Universal City Studios LLC d/b/a Universal Parks & Resorts, ATTN:Merchandise Dept-Compliance 1000 Universal Studios Plaza, Lakewood Bldg Orlando, FL 32819	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
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