# Certificate of Liability Insurance

**Producer:** Liberty Mutual Insurance  
PO Box 188065  
Fairfield, OH 45018

**Contact:**  
Name:  
Phone: 800-962-7132  
Fax: 800-845-3666  
E-mail: BusinessService@LibertyMutual.com

**Insured:** The Artist Series of Tallahassee, Inc.  
PO Box 13705  
Tallahassee, FL 32317

**Cov erages**  
**Certificate Number:** 25949599  
**Revision Number:**

<table>
<thead>
<tr>
<th>Insured</th>
<th>Type of Insurance</th>
<th>Addl Insured</th>
<th>Subro</th>
<th>Policy Number</th>
<th>Policy Eff (MM/DD/YYYY)</th>
<th>Policy Exp (MM/DD/YYYY)</th>
<th>Limits</th>
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<tr>
<td>A</td>
<td>Commercial General Liability</td>
<td>✓ CLAIMS-MADE ✓ OCCUR</td>
<td></td>
<td>02CE17480590</td>
<td>9/12/2015</td>
<td>9/12/2016</td>
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**Automobile Liability**

- **Any Auto**

- **All Owned Autos**

- **Scheduled Autos**

- **Non-Owned Autos**

- **Hired Autos**

**Umbrella Liability**

- **Excess Liability**

- **Occur**

- **Claims-Made**

- **Retention**

**Workers Compensation and Employers' Liability**

- **Any Proprietor/Partner/Executive Officer/Member Excluded?**
  - **Y/N**
  - **V/N**
  - **N/A**

**Description of Operations / Locations / Vehicles** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Certificate Holder**

- **Proof of Insurance**

**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**
  
  Bryttani Mcclendon-byrd

**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).