

VER		CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YY) 06/12/01	
PRODUCER Smith & Jones Insurance Agency 100 Main Street Austin, TX 78700				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.		
				INSUREERS AFFORDING COVERAGE		
INSURED MYMEGA FILM CO 5555 Rodeo Drive, Beverly Hills, CA 91204				INSURER A: ACME INSURANCE COMPANY		
				INSURER B: BKD INSURANCE INCORPORATED		
				INSURER C: CDK WORKERS COMPENSATION		
				INSURER D:		
				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 OF 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.						
INSUR	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 <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES TO <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	000P98298-AI1	06/01/01	06/01/02	EACH OCCURRENCE	\$1,000,000
	FIRE DAMAGE (Any one fire)				\$ 300,000	
	MED EXP (Any one person)				\$	
	PERSONAL & ADV INJURY				\$1,000,000	
	GENERAL AGGREGATE				\$ 1,000,000	
	PRODUCTS COMP/OP AGG				\$ 1,000,000	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	SKLS-029499S	06/01/01	06/01/02	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 <input type="checkbox"/> _____				AUTO ONLY-EA ACCIDENT	\$
	OTHER THAN AUTO ONLY:				EA ACC AGG	\$
						\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	
	AGGREGATE				\$	
					\$	
					\$	
					\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/01/01	01/01/02	WC STATU-ORY LIMITS	OTH-ER
	E.L. EACH ACCIDENT				\$100,000	
	E.L. DISEASE-EA EMPLOYEE				\$500,000	
	E.L. DISEASE - POLICY LIMIT				\$100,000	
	OTHER Property Misc Rented Equipment	000P98298-AI1	06/01/01	06/01/02		\$xxx limit \$xxx Deductible
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS						
CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED AND/OR LOSS PAYEE AS THEIR INTEREST MAY APPEAR BUT ONLY AS RESPECTS CLAIMS ARISING OUT OF THE OPERATION OF THE NAME INSURED						
CERTIFICATE HOLDER		<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: __		CANCELLATION		
MACKINGWELL, INC 316 MIRA LOMA AVENUE GLENDALE, CA 91204 FAX: 855.345.6244				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 OF REPRESENTATIONS		
				AUTHORIZED REPRESENTATIVE		