



# 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 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 BROKERS NAME 12345 STREET ANYTOWN, CA 12345	CONTACT NAME: BROKERS NAME PHONE (A/C, No, Ext): BROKERS PHONE E-MAIL ADDRESS: FAX (A/C, No): BROKERS FAX
INSURED VENDOR/CONTRACTOR 12345 STREET ANYTOWN, CA 12345	INSURER(S) AFFORDING COVERAGE INSURER A: AM BEST RATING A- VII (OR BETTER) INSURER B: AM BEST RATING A- VII (OR BETTER) INSURER C: AM BEST RATING A- VII (OR BETTER) INSURER D: AM BEST RATING A- VII (OR BETTER) INSURER E: AM BEST RATING A- VII (OR BETTER) INSURER F: NAIC # MUST LIST

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			XXXXXXXXXX	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				MED EXP (Any one person) \$ 10,000	
							PERSONAL & ADV INJURY \$ 2,000,000	
							GENERAL AGGREGATE \$ 4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$	
B	AUTOMOBILE LIABILITY			XXXXXXXXXX	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 4,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			AGGREGATE \$	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			XXXXXXXXXX	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-FR	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				<input checked="" type="checkbox"/>	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
								E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Property			XXXXXXXXXX	01/01/2020	01/01/2021	Replacement Cost	
	Cyber/Tech E&O/E&O/Media/Professional Contractors' Pollution Liability (if applicable) Crime/Employee Dishonesty (if applicable)			XXXXXXXXXX	01/01/2020	01/01/2021	Per occ/claim/event/agg \$5,000,000 Per occ/claim/agg Per occ	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**Re: Name of Event/Services to be performed, Date(s) of Event/Work, Location**

**Fox Corporation, contracting FOX entity, its parents, subsidiaries, affiliated companies, officers, directors and employees are included as Additional Insureds on the Commercial General Liability and Automobile Liability. Coverage is Primary and Non-Contributory with respects to the Commercial General Liability and Automobile Liability. Waiver of Subrogation applies to the Commercial General Liability, Automobile Liability, and Workers Compensation. Umbrella policy is "follow form" over the Commercial General Liability, Automobile Liability, and Employers Liability. 30-days' Notice of Cancellation shall be provided.**

## CERTIFICATE HOLDER

## CANCELLATION

Fox Corporation, contracting FOX entity,  
its parents and subsidiaries  
P.O. Box 900  
Attn: Risk Management, Suite 2250  
Beverly Hills CA 90213

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

**Please attach copies of the following endorsements: Additional Insured, Waiver of Subrogation, and Primary and Non-Contributory for the General Liability and Automobile Liability policies. Waiver of Subrogation for the General Liability, Automobile Liability, and Workers Compensation policies.**