

# CERTIFICATE OF INSURANCE

Date 8/17/2016

Producer

Nationwide Mutual Insurance

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.

## COMPANIES AFFORDING COVERAGE

- Company Letter **A** Nationwide Mutual Ins. Company
- Company Letter **B**
- Company Letter **C**
- Company Letter **D**
- Company Letter **E**

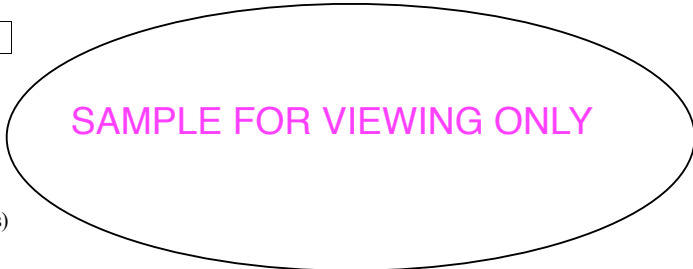
Insured

The Perfect Party, Inc.  
22035 Independencia St.  
Woodland Hills, CA 91364

### COVERAGES

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 herein is subject to all the terms, exclusions and conditions of such policies.

C0. Ltr	General Liability	Policy Number	Effective Date	Expiration Date	Liability Limit in Thousands	
					Each Occurrence	Aggregate
<input checked="" type="checkbox"/> <b>A</b>	<input checked="" type="checkbox"/> Comprehensive Form <input checked="" type="checkbox"/> Premises/Operations <input type="checkbox"/> Underground Explosion/Collapse Hazard	<span style="border: 1px solid black; padding: 2px;">6BMAS0005894500</span>	<span style="border: 1px solid black; padding: 2px;">8/7/2016</span>	<span style="border: 1px solid black; padding: 2px;">8/7/2017</span>		
<input checked="" type="checkbox"/> <b>A</b>	<input type="checkbox"/> Products/ Completed Operations <input type="checkbox"/> Contractual <input type="checkbox"/> Independant Contractors <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Personal Injury <input type="checkbox"/> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; padding: 2px;">6BMAS0005894500</span>	<span style="border: 1px solid black; padding: 2px;">8/7/2016</span>	<span style="border: 1px solid black; padding: 2px;">8/7/2017</span>	Bodily Injury <span style="border: 1px solid black; padding: 2px;">1,000,000</span>	<span style="border: 1px solid black; padding: 2px;">5,000,000</span>
					Property Damage <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
					BI + PD Combined <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
	<b>Automobile Liability</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos (Priv. Pass.) <input type="checkbox"/> All Owned Autos (Other than Priv. Pass.) <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>				<b>Personal Property</b> Bodily Injury (Per Person) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
					Bodily Injury (Per Accident) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
					Property Damage <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
					BI + PD Combined <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
	<b>Excess Liability</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella Form <input type="checkbox"/> Worker's Compensation and Employers' Liability <input type="checkbox"/> Other <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>				BI + PD Combined <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
					Statutory (Each Accident) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
					(Disease-Policy Limit) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
					(Disease-Each Employee) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>



Description of Operations/Locations/Vehicles/Special Items

YOUR EVENT DESCRIPTION WILL BE SHOWN HERE

CERTIFICATE HOLDER

Your Company Info Here

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

*Deborah Ladina-Parra*