



Royalty Insurance Services, Inc.

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 9/24/2013

DATE (MM/DD/YYYY)

11/14/2014

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). CONTACT NAME:

Royalty Insurance Services, Inc. 14545 Victory Blvd			Inc.	PHONE (A/C, No, Ext): (818) 989-0206 FAX (A/C, No): (818) 330-454 E-MAIL ADDRESS:				
Suite 303 Van Nuys, Ca 91411 INSURED NIGHT STALKER LLC. 169 SAULSBURY LANE ELDORADO LANE, AR 71730				INSURER(S) AFFORDING COVERAGE NAIC #				NAIC#
				INSURER A : PROGRESSIVE				
				INSURER B:				
				INSURER C :				
				INSURER D :				
				INSURER E :				
				INSURER F:				
CC	VERAGES CER	TIFICATE	REVISION NUMBER:					
C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH F	QUIREMEI PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACTOR BY THE POLICI BEEN REDUCED BY	T OR OTHER ES DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSF	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY		*			EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR					PREMISES (Ea occurrence)	\$	
			3			MED EXP (Any one person)	S	
						PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	
	OTHER:					COMPANED CANCLE LAND	\$	
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)		0,000
	ANY AUTO ALL OWNED SCHEDULED		02419890-1	09/25/2014	09/25/2015	BODILY INJURY (Per person)		
	AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
	HIRED AUTOS AUTOS					(Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE		6			AGGREGATE	S	
	DED RETENTION S WORKERS COMPENSATION					PER OTH-	\$	
	AND EMPLOYERS' LIABILITY					STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	S	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	*************				E.L. DISEASE - POLICY LIMIT	S	
A	PHYSICAL DAMAGE		02419890-1	09/25/2014	09/25/2015	STATED VALUE	\$1,	000 DED
A	GARAGEKEEPERS LIAB.		02419890-1	09/25/2014	09/25/2015	\$50,000	\$50	0 DED
A	ON-HOOK LEGAL LIAB.		02419890-1		09/25/2015	\$50,000	\$1,	000 DED
200	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL D8 FORD F250 VIN: 1FTSW20R58 L3 HOME MADE TRAILER VIN: AR	EA4580	7 STATED VALUE		re space is requi	reaj		
CERTIFICATE HOLDER				CANCELLATION				
INSURED COPY				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 REPRESE	ENTATIVE			

ACORD 25 (2014/01)

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