

# CERTIFICATE OF INSURANCE

Date 12/11/2017

**Producer**

Verch Insurance Inc.  
302 W. Grand Ave #8  
El Segundo, CA 90245  
  
Phone: 310-322-1626

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** Hiscox Insurance
- Company Letter **B**
- Company Letter **C**
- Company Letter **D**
- Company Letter **E**

**Insured**

Desert Game Rentals  
78938 Nectarine Drive  
PALM DESERT, CA 92211

**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"/> A	<input checked="" type="checkbox"/> Comprehensive Form	UDC2125591CGL17	12/11/2017	12/11/2018		
<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> Premises/Operations	UDC2125591CGL17	12/11/2017	12/11/2018	Bodily Injury	1,000,000
	<input type="checkbox"/> Underground Explosion/Collapse Hazard					2,000,000
<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> Products/ Completed Operations	UDC2125591CGL17	12/11/2017	12/11/2018	Property Damage	
	<input type="checkbox"/> Contractual				BI + PD Combined	
	<input type="checkbox"/> Independant Contractors				<b>Personal Property</b>	
	<input type="checkbox"/> Broad Form Property Damage				Bodily Injury (Per Person)	
	<input type="checkbox"/> Personal Injury				Bodily Injury (Per Accident)	
	<input type="checkbox"/> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>				Property Damage	
	<b>Automobile Liability</b>				BI + PD Combined	
	<input type="checkbox"/> Any Auto				BI + PD Combined	
	<input type="checkbox"/> All Owned Autos (Priv. Pass.)				Statutory (Each Accident)	
	<input type="checkbox"/> All Owned Autos (Other than Priv. Pass)				Statutory (Disease-Policy Limit)	
	<input type="checkbox"/> Hired Autos				Statutory (Disease-Each Employee)	
	<input type="checkbox"/> Non-Owned Autos					
	<input type="checkbox"/> Garage Liability					
	<input type="checkbox"/> <span style="border: 1px solid black; display: inline-block; width: 150px; 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					
	<b>Other</b>					
	<input type="checkbox"/> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>					

**Description of Operations/Locations/Vehicles/Special Items**

Hyatt Corporation and Grand Champions LLC, a CA limited liability company and its members are named as addtl. insureds under the aboe policy: such insurance shall be primary and not contributory with Hyatt's insurance.  
Event dates 12/18/2017-1/2/2018

**CERTIFICATE HOLDER**

**CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 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