ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 3/21/16

PRODUCER
203-931-7095
Specialty Insurance, LTD-Tom Plouffe
P.O. Box 16901
West Haven, CT 06516

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 A: United States Fire Insurance (21113)

INSURED
Plan B, LLC dba Neon Entertainment
2577 Harlem Rd
Buffalo, NY 14225

COMPANY B:

COMPANY C: jessica@neon-entainment.com

COMPANY D:

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 DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNER'S & CONTRACTOR'S PROT	USP204016	3/2/16	3/2/17	GENERAL AGGREGATE	$	2,000,000
					PRODUCTS - COMP/OP AGG	$	2,000,000
					PERSONAL & ADV INJURY	$	1,000,000
					EACH OCCURRENCE	$	1,000,000
					FIRE DAMAGE (Any one fire)	$	300,000
					MED EXP (Any one person)	$	5,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	SRPGAP-101-0715	3/2/16	3/2/17	COMBINED SINGLE LIMIT	$	1,000,000
					BODILY INJURY (Per person)	$	
					BODILY INJURY (Per accident)	$	
					PROPERTY DAMAGE	$	
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	$	
					OTHER THAN AUTO ONLY:		
					EACH ACCIDENT	$	
					AGGREGATE	$	
A	EXCESS LIABILITY UMBRELLA FORM X OTHER THAN UMBRELLA FORM	USX101984	3/2/16	3/2/17	EACH OCCURRENCE	$	1,000,000
					AGGREGATE	$	1,000,000
						$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: INCL / EXCL				WC STATU-TORY LIMITS / OTH-ER		
					EL EACH ACCIDENT	$	
					EL DISEASE - POLICY LIMIT	$	
					EL DISEASE - EA EMPLOYEE	$	
	OTHER Interest: Sponsor						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Stephen F. Austin State University, it's officials, Directors, employees, representatives and volunteers are added as an additional insured but only with respects to the operations of the named insured during the policy period.

CERTIFICATE HOLDER

Stephen F. Austin State University,its officials, directors, employees, representatives and volunteers
1936 North St.
Nacogdoches, TX 75962

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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
Thomas A. Plouffe

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