ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY)
03/05/13

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

AON/ALBERT G. RUBEN INSURANCE SERVICES, INC.
15303 VENTURA BOULEVARD, SUITE #1200
SHERMAN OAKS, CA 91403 - 5817
LICENSE # 0806034

Contact Name: ISAAC RUVALCABA

Phone: 818/742-0844 **Fax (A/C, No): 847/953-1983**
(A/C, No. Ext):

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Insurer's Affording Coverage	NAIC #
INSURER A: Employers Fire Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

Wall to Wall Media
85 Gray's Inn Road
London , ENGLAND WC1X 8TX

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. LIMITS SHOWN ARE AS REQUESTED.

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**						EACH OCCURRENCE	$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	CLAIMS MADE [X] OCCUR	X		CP02998-01	12/07/2012	12/07/2013	PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS – COMP/OP AGG	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						Medical Expenses Limit	$ 5,000
A	**AUTOMOBILE LIABILITY**	X		CP02998-01	12/07/2012	12/07/2013	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
	X PHYSICAL DAMAGE*							
A	**Umbrella Liab** [X] OCCUR						EACH OCCURRENCE	$ 4,000,000
	X **Excess Liab** [ ] CLAIMS-MADE	X		EX01155-01	12/07/2012	12/07/2013	AGGREGATE	$ 4,000,000
	DEDUCTIBLE / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below						WC Statutory Limits / Other	
							E.L. Each Accident	$
							E.L. Disease – EA Employee	$
							E.L. Disease – Policy Limit	$
A	OTHER –							

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
C**ERTIFICATE APPLIES ONLY TO TELEVISION PROGRAMS PRODUCED ON BEHALF OF NGC NETWORK US, LLC/NGC NETWORK INTERNATIONAL, LLC.** NGC NETWORK US, LLC; NGC NETWORK INTERNATIONAL, LLC; NGC EUROPE LIMITED; NGC NETWORK LATIN AMERICA, LLC ITS PARENT, SUBSIDIARY AND AFFILIATED COMPANIES AND DIVISIONS, THEIR EMPLOYEES, OFFICERS AND DIRECTORS ARE INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY OR AUTO LIABILITY POLICIES BUT ONLY AS RESPECTS THEIR AGREEMENT WITH THE NAMED INSURED IN CONNECTION WITH THE **PRODUCTION ENTITLED: "DRUGS INC SEASON 4"**

CERTIFICATE HOLDER

NGC NETWORK US, LLC;
NGC NETWORK INTERNATIONAL, LLC;
NGC EUROPE LIMITED;
NGC NETWORK LATIN AMERICA
1145 17TH STREET, NW
WASHINGTON, DC 20036

Cancellation

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

Aon/Albert G. Ruben Insurance Services, Inc.

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