

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/9/2017

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).

PR	ODUC	ER					'''' '	CONTA	ACT Jacque.	line Smar	:t			
William P. Smart Associates									PHONE (A/C, No. Ext): (973) 709-0070 FAX (A/C, No. (973) 709-0071					
1520 Route 23 North, 2nd Floor									E-MAIL ADDRESS: jacki@smartinsurenow.com					
								INSURER(S) AFFORDING COVERAGE					NAIC#	
Wayne NJ 07470									INSURER A: Hartford Fire Insurace Company					
	URED							INSURER B: Transportation Insurance Company					20494	
•	Brite Shot Inc.								INSURERC: Great Divide Ins Co					
24	.5 W	55th St Ste	30	סכ				INSURER D:						
								INSURER E:						
-	W Y				019			INSURER F:						
		RAGES					E NUMBER:CL17693994							
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.														
INSE LTR	₹1	TYPE OF INS			ADDI	LSUBR	BOLIOVALIANDED	DELIV		POLICY EXP (MM/DD/YYYY)				
LIIX	x	COMMERCIAL GENE			INSD	WVU	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		T	1,000,000	
A		CLAIMS-MADE	x	OCCUR			13SBAZS1369				DAMAGE TO RENTED	\$	300,000	
				1 000011					10/5/2016	10/5/2017	PREMISES (Ea occurrence)	\$	10,000	
										10,0,00.	MED EXP (Any one person)	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT	APPI	I IES PER•					[PERSONAL & ADV INJURY	5	2,000,000	
	X	POLICY PRO-	<u> </u>	LOC				-			PRODUCTS - COMP/OP AGG	s	2,000,000	
		OTHER:	<u>_</u>								Non-owned	S	1,000,000	
	AUT	OMOBILE LIABILITY			1						COMBINED SINGLE LIMIT	\$	1,000,000	
	\Box	ANY AUTO									(Ea accident) BODILY INJURY (Per person)	s		
		ALL OWNED AUTOS		CHEDULED JTOS							· · · · · · · · · · · · · · · · · · ·	5		
	f	HIRED AUTOS	NO.	ON-OWNED STOS							PROPERTY DAMAGE (Per accident)	\$	www	
	П		ገ ~'	1102							(Per accident)	5		
	x	UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	5	5,000,000	
A		EXCESS LIAB		CLAIMS-MADE						Ī	AGGREGATE	\$	5,000,000	
		DED X RETENTION\$ 0 138BAZS1369							10/5/2016	10/5/2017		s	3,555,555	
		KERS COMPENSATION									X PER OTH-	*	· · · · · · · · · · · · · · · · · · ·	
В	ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				N/A		5094512097	1	10/5/2016	10/5/2017		\$	1,000,000	
											E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
											E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
C	Mis	Misc. Equipment 6/or CIM07072016						7/7/2016	7/7/2017	LIMIT		\$40,000		
	BPP at tradeshow-All Risk									DEDUCTIBLE		\$1000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) EVIDENCE OF INSURANCE

ERTIFICATE I	HOLDER	2
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BRITESHOT 245 WEST 55TH STREET, STE 503 NEW YORK, NY 10013

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

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