

Exhibit A

Reel Scout Entry 3/22/17

Completed/Scanned _____



RECEIVED
3/22/17

Sarasota County/Municipalities Film & Entertainment Industry Production Permit/Park Facility Use Permit Application

Site of Production, please check all that apply:

Sarasota County City of Sarasota City of Venice City of North Port Town of Longboat Key

TODAY'S DATE* 3/22/17

PROJECT TITLE* MTV "Siesta Key"

Feature Film Independent Film Commercial PSA
 Student Project Reality/Docu/Unscripted TV Series/Pilot Still/Print Music Video
 Short/Demo/Promo Web/Internet Content Corporate/Industrial Other News/Editorial

PRODUCTION COMPANY/APPLICANT NAME* Entertainment One Reality Productions

ADDRESS* 4201 Wilshire Blvd Suite 400 CITY* Los Angeles

STATE* CA ZIP* 90014 PHONE* 323-930-1204

FAX* 213-403-4770 CELL* 323-839-8804

WEBSITE* http://entertainmentone.com/home

REPRESENTATIVE NAME & TITLE* Bobby Aguilar / Production Manager

CELL* 323-839-8804 EMAIL* bobbyaguilar@mac.com

| | |
|---------------------------------------|--------------------------------|
| Budget* _____ | Total Cast (local hires) _____ |
| Total Crew (local hires) <u>30/15</u> | Total Room Nights _____ |
| Production Days - Prep to wrap _____ | <u>Mini Vans / cargo van</u> |

ON-SITE PRODUCTION COORDINATOR NAME/CELL (if different from above) _____

LOCAL PROD. OFC. ADDRESS _____

LOCAL PHONE _____ LOCAL FAX _____

| | | |
|---------------------------------------|--|---------------------------------|
| Scouting Date(s) <u>3/27 - 4/2</u> | Preproduction/Prep Date(s) <u>4/3 - 4/9</u> <u>10th April</u> | Wrap Date(s) <u>6/24-7/3</u> |
|---------------------------------------|--|---------------------------------|



24th June
wrap July
 Venice, FL
City on the Gulf

14 weeks filming
 NorthPort
FLORIDA



| Production* | Dates & Times – Rain Dates & Times |
|---|------------------------------------|
| If there is not enough space below, attach a separate sheet of paper with the required information. | |
| Gary Kompothecras House Point Of Rocks Road Siesta Key FL 34242 | TBD |

PRODUCTION SCHEDULE: Include all relevant information such as production location(s), production activity, number of cast and crew involved, number and type of production vehicles at location, any temporary structures, etc.

REQUESTED SERVICES: Describe any additional personnel, facilities, or property assistance needed. For example – police escort, restroom use, extended hours, fire, EMS, security etc.

SPECIAL EFFECTS: Check any applicable categories below and include an explanation detailing the activity.

Stunts
 Explosives
 Firearms
 Incendiary devices
 Other
 (i.e. animals)

Explain:

TRAFFIC CONTROL AND PARKING: Describe all traffic control and parking arrangements necessary. When requesting parking, road closures or intermittent traffic control, a map of the impacted area must be included.



APPLICANT'S CERTIFICATION

The applicant agrees to abide by the provisions of the county/municipalities codes pertaining to film, video, television, web/internet, still, live or other forms of media and entertainment production. In addition, the applicant agrees to restore location production sites to the condition existing immediately prior to production. This permit is to be in possession of the production company at all times while on location and must be presented upon demand by any county/municipalities authorized agent. The person whose signature appears below certifies that he/she is an authorized agent of the applicant and is duly authorized on the applicant's behalf to execute this application.

INDEMNIFICATION

The applicant indemnifies and holds harmless the county/municipalities in which activities are conducted, its officers and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or resulting from the acts or omissions of applicant, its contractors, subcontractors, their employees, agents or servants, during the filming and all activities associated therewith for which this application is filed, including the use of any county/municipality owned real or personal property.

INSURANCE CERTIFICATE

Applicant shall procure and maintain, during the term of this Agreement, Commercial General Liability, with limits of not less than \$1,000,000 each occurrence (\$5,000,000 if any stunt work or explosives are utilized) including but not limited to bodily injury, property damage, contractual, products and completed operations. Commercial Auto liability with limits of not less than \$500,000 combined single limit (\$5,000,000 if vehicles are involved in stunt work). Sarasota County Government and/or the appropriate municipalities shall be named as additional insured, as their interest may appear.

Applicant shall provide Proof that the Applicant carries workers' compensation insurance for the Applicant's employees and/or volunteers as required by the laws of the state where the Applicant is domiciled, or in the alternative, proof of exemption from such requirement if applicable. An affidavit attesting to the exemption from the workers' compensation insurance requirement is acceptable.

APPLICANT/COMPANY NAME (printed) Entertainment One Reality Productions DATE 3/22/17

AUTHORIZED REPRESENTATIVE OF APPLICANT NAME (printed) Bobby Aguilar

REPRESENTATIVE TITLE Production Manager

AUTHORIZED REPRESENTATIVE OF APPLICANT (signature) 

AUTHORIZATION FOR PERMIT APPROVAL FOR FILM OFFICE ONLY

POLICE/SHERIFF'S DEPT. _____ DATE _____

FIRE DEPT. _____ DATE _____

RISK MANAGEMENT _____ DATE _____

TRAFFIC & ENGINEERING _____ DATE _____

PARKS/RECREATION DEPT. _____ DATE _____

PARKING/METERS DEPT. _____ DATE _____

CODE ENFORCEMENT _____ DATE _____

COUNTY/MUNICIPALITY DESIGNEE Chris Dawson DATE 4/4/17

OTHER DEPT./DIV. _____ DATE _____

April 10 - On behalf of Jeff Maultsby
April 15, 2017



Two empty rectangular boxes for stamps or signatures.

Tina Shumway

From: Bobby Aguilar <bobbyaguilar@mac.com>
Sent: Sunday, April 02, 2017 1:13 PM
To: Tina Shumway; Jeanne Corcoran
Cc: Cody Reynolds
Subject: Entertainment One/MTV Siesta Key Filming Week Ending 4/15/17

Here is our shooting schedule for our first week of filming ending 4/15/17.

As much as possible I think we need to try to stick to the cast homes and a few key locations the first week. With all of the snowbirds, the traffic in and around Sarasota is pretty crazy and will cause delays. I will put you and Jeanne on the call sheet the night before that day of filming and as always if things change keep you both up to date via email.

All of our days will be 12 Hour days and with load/in & load/out approximately 4 to 6 hours at each location and please let me know if you have any questions.

Thank you & I appreciate all your support for our crew/filming!

Bobby Aguilar
bobbyaguilar@mac.com
C: 323-839-8804
F: 866-894-5033

4/10

N/C - OFF

4/11

Cast houses

Casey Key Fish House Tiki Bar

4/12

Alex's Beach mansion

4/13

Private beach on Siesta Key (Gary's beach in front of house)

Alex's Boat

4/14

Owen's Fish Camp

4/15

Shore Restaurant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/27/2017

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).

| | | | |
|---|--|---|-------------------|
| PRODUCER HUB INTERNATIONAL INSURANCE SERVICES, LLC 16030 VENTURA BLVD #500 ENCINO, CA 91436 | CONTACT NAME: KRISTI JONES PHONE (A/C, No, Ext): 951-779-8522 | | FAX (A/C, No): |
| | E-MAIL ADDRESS: KRISTI.JONES@HUBINTERNATIONAL.COM PRODUCER CUSTOMER ID #: | | |
| INSURED Entertainment One Reality Productions, Inc. 4201 Wilshire Blvd, Suite 400 Los Angeles, CA 90010 | | INSURER(S) AFFORDING COVERAGE | |
| | | NAIC# | |
| | | INSURER A: GREAT DIVIDE INSURANCE COMPANY INSURER B: LIBERTY INSURANCE UNDERWRITERS INC. INSURER C: INSURER D: INSURER E: | |

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.

| INSR LTR | TYPE OF INSURANCE | ADDL LTR | SBUR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|----------|----------|---|-------------------------|-------------------------|---|-----------------------|
| A | GENERAL LIABILITY | | | CNA2015509-10 | 3/22/2017 | 3/22/2018 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | X | | | | | MED EXP (Any on person) | \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | PERSONAL & ADV INJURY |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| | | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY | | | CNA2015509-10 *NYA6PCJ001 DEDUCTIBLE 10% OF LOSS, SUBJECT TO \$52,500 MIN / \$7,500 MAX | 3/22/2017 | 3/22/2018 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | X | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULE AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | | \$ |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | | \$ |
| | <input checked="" type="checkbox"/> PHYSICAL DAMAGE* | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | CUA2015510-10 | 3/22/2017 | 3/22/2018 | EACH OCCURRENCE | \$ 9,000,000 |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | X | | | | | AGGREGATE | \$ 9,000,000 |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | | | \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input type="checkbox"/> WC STATU-TORY LIMIT <input type="checkbox"/> OTHER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | N/A | | | | E.L. EACH ACCIDENT | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | |
| B | PRODUCTION PACKAGE | | | NYAA6PCJ001 | 3/22/2017 | 3/22/2018 | LIMIT: \$10,000,000 DEDUCTIBLE: \$2,500 | |
| | THIRD PARTY PROPERTY DAMAGE | N/A | | | | | LIMIT: \$3,000,000 DEDUCTIBLE: \$2,500 | |
| | MISCELLANEOUS EQUIPMENT PROPS / SETS / WARDROBE | | | | | | LIMIT: \$2,000,000 DEDUCTIBLE: \$2,500 | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

TOWN OF LONGBOAT KEY IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY OR AUTO LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE POLICY BUT ONLY AS RESPECTS THEIR AGREEMENT WITH THE NAMED INSURED FOR THE RENTAL OR LEASE OF PROPS, SETS, & WARDROBE, EQUIPMENT, VEHICLES OR PREMISES FOR THE PRODUCTION: "Siesta Key" (S1)

CERTIFICATE HOLDER**CANCELLATION**

Town of Longboat Key
501 Bay Isles Road
Longboat Key, Florida 34228

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/27/2017

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| | | | | |
|---|--|--|------------------|--|
| PRODUCER HUB INTERNATIONAL INSURANCE SERVICES, LLC 16030 VENTURA BLVD #500 ENCINO, CA 91436 | CONTACT NAME: KRISTI JONES PHONE (AC, No, Ext): 951-779-8522 | | FAX (AC, No): | |
| | E-MAIL ADDRESS: KRISTI.JONES@HUBINTERNATIONAL.COM | | | |
| PRODUCER CUSTOMER ID #: | | | | |
| INSURER(S) AFFORDING COVERAGE | | | NAIC# | |
| INSURED Entertainment One Reality Productions, Inc. 4201 Wilshire Blvd, Suite 400 Los Angeles, CA 90010 | INSURER A: GREAT DIVIDE INSURANCE COMPANY | | | |
| | INSURER B: LIBERTY INSURANCE UNDERWRITERS INC. | | | |
| | INSURER C: | | | |
| | INSURER D: | | | |
| | INSURER E: | | | |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE | ADDL LTR | SBUR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|--|--|----------|----------|---|-------------------------|-------------------------|--|--------------|
| A | GENERAL LIABILITY | | | CNA2015509-10 | 3/22/2017 | 3/22/2018 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any on person) | \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | \$ |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY | | | CNA2015509-10 <small>*NYAA6PCJ001 DEDUCTIBLE 10% OF LOSS, SUBJECT TO \$2,500 MIN / \$7,500 MAX</small> | 3/22/2017 | 3/22/2018 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULE AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | | \$ |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | | \$ |
| <input checked="" type="checkbox"/> PHYSICAL DAMAGE* | | | | \$ | | | | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | CUA2015510-10 | 3/22/2017 | 3/22/2018 | EACH OCCURRENCE | \$ 9,000,000 |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE | \$ 9,000,000 |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | | | \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input type="checkbox"/> WC STATUTORY LIMIT <input type="checkbox"/> OTHER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | N/A | | | | E.L. EACH ACCIDENT | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | |
| B | PRODUCTION PACKAGE | | | NYAA6PCJ001 | 3/22/2017 | 3/22/2018 | LIMIT: \$10,000,000 DEDUCTIBLE: \$2,500 | |
| | THIRD PARTY PROPERTY DAMAGE MISCELLANEOUS EQUIPMENT PROPS / SETS / WARDROBE | | N/A | | | | LIMIT: \$3,000,000 DEDUCTIBLE: \$2,500 LIMIT: \$2,000,000 DEDUCTIBLE: \$2,500 | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CITY OF NORTH PORT IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY OR AUTO LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE POLICY BUT ONLY AS RESPECTS THEIR AGREEMENT WITH THE NAMED INSURED FOR THE RENTAL OR LEASE OF PROPS, SETS, & WARDROBE, EQUIPMENT, VEHICLES OR PREMISES FOR THE PRODUCTION: "Siesta Key" (S1)

CERTIFICATE HOLDERCity of North Port
4970 City Hall Boulevard
City of North Port, FL 34286**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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/27/2017

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| | | |
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| PRODUCER HUB INTERNATIONAL INSURANCE SERVICES, LLC 16030 VENTURA BLVD #500 ENCINO, CA 91436 | CONTACT NAME: KRISTI JONES | |
| | PHONE (AC, No, Ext): 951-779-8522 | FAX (AC, No): |
| | E-MAIL ADDRESS: KRISTI.JONES@HUBINTERNATIONAL.COM | |
| | PRODUCER CUSTOMER ID #: | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Entertainment One Realty Productions, Inc. 4201 Wilshire Blvd, Suite 400 Los Angeles, CA 90010 | INSURER A: GREAT DIVIDE INSURANCE COMPANY | |
| | INSURER B: LIBERTY INSURANCE UNDERWRITERS INC. | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | NAIC# | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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| INSR LTR | TYPE OF INSURANCE | ADDL LTR | SBUR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|--|--|----------|----------|---|-------------------------|-------------------------|--|--------------|
| A | GENERAL LIABILITY | | | CNA2015509-10 | 3/22/2017 | 3/22/2018 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any on person) | \$ 5,000 |
| | <input type="checkbox"/> _____ | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| | | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY | | | CNA2015509-10 *NYAA6PCJ001 DEDUCTIBLE 10% OF LOSS, SUBJECT TO \$2,500 MIN / \$7,500 MAX | 3/22/2017 | 3/22/2018 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULE AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | | \$ |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | \$ | | | | |
| <input checked="" type="checkbox"/> PHYSICAL DAMAGE* | | | | \$ | | | | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | CUA2015510-10 | 3/22/2017 | 3/22/2018 | EACH OCCURRENCE | \$ 9,000,000 |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE | \$ 9,000,000 |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | | | \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input type="checkbox"/> WC STATUTORY LIMIT <input type="checkbox"/> OTHER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | |
| B | PRODUCTION PACKAGE | | | NYAA6PCJ001 | 3/22/2017 | 3/22/2018 | LIMIT: \$10,000,000 DEDUCTIBLE: \$2,500 | |
| | THIRD PARTY PROPERTY DAMAGE MISCELLANEOUS EQUIPMENT PROPS / SETS / WARDROBE | | | | | | LIMIT: \$3,000,000 DEDUCTIBLE: \$2,500 LIMIT: \$2,000,000 DEDUCTIBLE: \$2,500 | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CITY OF VENICE IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY OR AUTO LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE POLICY BUT ONLY AS RESPECTS THEIR AGREEMENT WITH THE NAMED INSURED FOR THE RENTAL OR LEASE OF PROPS, SETS, & WARDROBE, EQUIPMENT, VEHICLES OR PREMISES FOR THE PRODUCTION: "Siesta Key" (S1)

CERTIFICATE HOLDER

CANCELLATION

City of Venice
401 West Venice Avenue
Venice, FL 34285

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/27/2017

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| | | |
|--|---|------------------|
| PRODUCER HUB INTERNATIONAL INSURANCE SERVICES, LLC 16030 VENTURA BLVD #500 ENCINO, CA 91436 | CONTACT NAME: KRISTI JONES | |
| | PHONE (AC, No, Ext): 951-779-8522 | FAX (AC, No): |
| E-MAIL ADDRESS: KRISTI.JONES@HUBINTERNATIONAL.COM | | |
| PRODUCER CUSTOMER ID #: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC# |
| INSURED Entertainment One Realty Productions, Inc. 4201 Wilshire Blvd, Suite 400 Los Angeles, CA 90010 | INSURER A: GREAT DIVIDE INSURANCE COMPANY | |
| | INSURER B: LIBERTY INSURANCE UNDERWRITERS INC. | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

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.

| INSR LTR | TYPE OF INSURANCE | ADDL LTR | SBUR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|--|---|----------|----------|---|-------------------------|-------------------------|--|--------------|
| A | GENERAL LIABILITY | | | CNA2015509-10 | 3/22/2017 | 3/22/2018 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any on person) | \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | | \$ | |
| A | AUTOMOBILE LIABILITY | | | CNA2015509-10 <small>*NYAMPJ001 DEDUCTIBLE 10% OF LOSS, SUBJECT TO \$2,500 MIN / \$7,500 MAX</small> | 3/22/2017 | 3/22/2018 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULE AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | | \$ |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | | \$ |
| <input checked="" type="checkbox"/> PHYSICAL DAMAGE* | | | | \$ | | | | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | CUA2015510-10 | 3/22/2017 | 3/22/2018 | EACH OCCURRENCE | \$ 9,000,000 |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE | \$ 9,000,000 |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | | | \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATUTORY LIMIT | OTHER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | N/A | | | | E.L. EACH ACCIDENT | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | |
| B | PRODUCTION PACKAGE | | | NYAA6PCJ001 | 3/22/2017 | 3/22/2018 | LIMIT: \$10,000,000 DEDUCTIBLE: \$2,500 | |
| | THIRD PARTY PROPERTY DAMAGE MISCELLANEOUS EQUIPMENT PROPS / SETS / WARDROBE | | N/A | | | | LIMIT: \$3,000,000 DEDUCTIBLE: \$2,500 LIMIT: \$2,000,000 DEDUCTIBLE: \$2,500 | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CITY OF SARASOTA IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY OR AUTO LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE POLICY BUT ONLY AS RESPECTS THEIR AGREEMENT WITH THE NAMED INSURED FOR THE RENTAL OR LEASE OF PROPS, SETS, & WARDROBE, EQUIPMENT, VEHICLES OR PREMISES FOR THE PRODUCTION: "Siesta Key" (S1)

CERTIFICATE HOLDER

City of Sarasota
1565 First St
Sarasota, FL 34236

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

SK Potential Locations & Contacts

ON SIESTA KEY

Alex's House

6910 Point Of Rocks Road
Sarasota, FL 34242
Contact: Gary Kompothecras
941.321.2828

Beach Club (Village)

5151 Ocean Blvd
Siesta Key, FL 34242
[\(941\) 349-6311](tel:9413496311)

Sun Garden Cafe (Village)

210 Avenida Madera
Sarasota, FL 34242
[\(941\) 346-7170](tel:9413467170)
Manager: Kim (will need to clear with Owners)

Gilligans Bar and Grill (Village)

5253 Ocean Blvd
Sarasota, FL 34242
[\(941\) 346-8122](tel:9413468122)

Lelu's Coffee shop (Village)

5251 Ocean Blvd
Siesta Key, FL 34242
[\(941\) 346-5358](tel:9413465358)

Lelu's & Giligans

Scott Smith cell 941-321-3258
Owner

The Hub Baha Grill (Village)

5148 Ocean Blvd
Sarasota, FL 34242
[\(941\) 349-6800](tel:9413496800)

Daquirie Deck (Village)

5250 Ocean Blvd
Sarasota, FL 34242
[\(941\) 349-8697](tel:(941)349-8697)

ON SIESTA KEY (Cont'd)**Ophelia's On The Bay (Fine Dining)**

9105 Midnight Pass Rd
Sarasota, FL 34242
[\(941\) 349-2212](tel:(941)349-2212)

AROUND SARASOTA**Classico's Restaurant & Cafe**

1341 Main Street
Sarasota, FL 34236
[\(941\) 957-0700](tel:(941)957-0700)
owner: Raff [941.350.0699](tel:941.350.0699)

Owens Fish Camp (Quaint and colorful romantic Date)

516 Burns Avenue
Sarasota, FL 34236
contact: Tiphane [404.218.9365](tel:404.218.9365)
tiphanecl@gmail.com

The Greek Taverna

5755 Geneva Rd.
Sarasota, FL 34233
[941.922.8140](tel:941.922.8140)
owner: George Kompothecras (Gary's dad)

O'Leary's Tiki Bar (owner of Marina Jacks)

5 Bayfront Dr, Sarasota, FL 34236
[\(941\) 953-7505](tel:(941)953-7505)

ON SIESTA KEY (Cont'd)

Evies Family Golf Center

4735 Bee Ridge Rd, Sarasota, FL 34233

(941) 377-0990

Multisports complex

owner: Mike Evanoff 941.320.4176

Evie's Tavern and Grille

1560 Main St, Sarasota, FL 34236

(941) 366-7711

owner: Mike Evanoff

Evie's at Spanish Point Rest--- Mandy Martin mandy@eviesonline.com

Evie's Tavern on Main Street- Jen Halbert jennifer@eviesonline.com

Office Bar srq.-- Gina Pinto gina@eviesonline.com

Evie's Tavern on Bee Ridge (tiki-mini golf-driving range-arcade-) Me--

White Buffalo Saloon- Charlie charlie@thewbsaloon.com

Spa Hollywood (high End Spa and Salon) -wife owns 941-350-0225

Valet Company (we valet at the majority of restaurants in town) Burke burhe@eviesonline.com

Please for paperwork send to the back office Patti Hartsell---

patti@eviesonline.com

Michael Evanoff

Evie's-WBS-1223Valet-Spanish Point

mike@eviesonline.com

941.320.4176 cell

941.377.2399 work

941.342.7323 fax

www.eviesonline.com

AROUND SARASOTA (Cont'd)

Spanish Point Marina (Tiki Bar on River)

135 Bayview Dr, Osprey, FL 34229

[\(941\) 218-6114](tel:(941)218-6114)

owner: Mike Evanoff 941.320.4176

The White Buffalo (Restaurant)

5377 McIntosh Rd, Sarasota, FL 34233

[\(941\) 927-6655](tel:(941)927-6655)

owner: Mike Evanoff 941.320.4176

Spa Hollywood (Hair Salon)

Glenn Watson (Chloe's friend works there)

owner: Mike Evanoff 941.320.4176

Hidden Harbor Marina (Houses Alex's Boat)

7700 S Tamiami Trail, Sarasota, FL 34231

941.927.4800

CITY OF SARASOTA (Tina & Jeannie - film office)

Siesta Key Beach

948 Beach Rd, Siesta Key, FL 34242
(941) 861-5000

Lido Beach

400 Benjamin Franklin Dr, Sarasota, FL 34236
(941) 861-5000

Myakka State Park (Canopy Of Trees & concerts)

14 Myakka State Park Rd, Sarasota, FL 34241
(941) 361-6511

OSPREY

Casey Key Fish House Tiki Bar (where Kelsey & Chloe "work")

801 Blackburn Point Rd, Osprey, FL 34229
(941) 966-1901

Owner: Jimmy Von Huerta
941.685.7250

ST. ARMOND'S CIRCLE

Shore (Clothier & Restaurant - trendy)

465 John Ringling Blvd #100, Sarasota, FL 34236
(941) 388-3535