

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**LOUISIANA POLICY CHANGES**

Effective Date of Change: 7/19/2023

Change Endorsement No.: 2


Named Insured: Crescent Multimedia Solutions LLC

The following item(s):

	Insured's Name		Insured's Mailing Address
	Policy Number		Company
	Effective/Expiration Date		Insured's Legal Status/Business of Insured
	Payment Plan		Premium Determination
	Additional Interested Parties		Coverage Forms and Endorsements
	Limits/Exposures		Deductibles
	Covered Property/Located Description		Classification/Class Codes
	Rates		Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

	NO CHANGES		TO BE ADJUSTED AT AUDIT	<input checked="" type="checkbox"/> ADDITIONAL PREMIUM \$ 4,848.00	RETURN PREMIUM \$
Countersigned By:  <div>(Authorized Agent)</div>					

POLICY CHANGES ENDORSEMENT DESCRIPTION
<p>2023 Ford T250, VIN 0021 is added with loss payee of:</p> <p>Ford Motor Credit Co PO Box 30201 College Station, TX 77842</p> <p>See Schedule for Limits and Coverages.</p> <p>Change in Tax Premium (Included in Total):</p>

## REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the Standard Property Policy, or the Capital Assets Program (Output Policy) Coverage Part with all property scheduled on the Scheduled Location Endorsement OP 14 01, the following applies with respect to that Coverage Part or Policy:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.



AmTrust Insurance Company  
4455 LBJ Freeway, Suite 700  
Dallas, Texas 75244

**Policy Number:**  
KPP1062529 02  
**Named Insured:**  
Crescent Multimedia Solutions LLC

## COMMERCIAL BUSINESS AUTO COVERAGE DECLARATIONS

### ITEM ONE:

**Policy Number** KPP1062529 02

**Policy Period**

**From:** 3/11/2023 **To:** 3/11/2024

12:01 A.M. Standard Time at the Name Insured's Address

**Transaction**  
Endorsement

**Named Insured and Address**  
Crescent Multimedia Solutions LLC  
2000 L&A Road  
Metairie LA 70001

**Producer:** 73407  
Martin Insurance Agency, Inc.  
PO Box 19600  
New Orleans LA 70179  
**Telephone:** (504) 486-6133

**Business Description**  
AUDIO-VISUAL EQUIPMENT

**Type of Business** Limited Liability Company  
**Audit Period** Non-Auditable

### ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTO SYMBOLS	LIMIT THE MOST WE WILL PAY FOR ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	1	\$1,000,000 per accident	\$33,075.00
PERSONAL INJURY PROTECTION (or equivalent no-fault coverage)		Separately Stated in each PIP endorsement minus Deductible	
ADDED PERSONAL INJURY PROT. (or equivalent no-fault coverage)		Separately stated in each Added PIP endorsement	
PROPERTY PROTECTION INS. (Michigan only)		Separately stated in the P.P.I. endorsement minus Deductible each accident	
AUTO MEDICAL PAYMENTS	2	\$5000 Each Insured	\$160.00
UNINSURED MOTORISTS	2	\$1,000,000 Each Accident	\$1,831.00
UNDERINSURED MOTORISTS When not included in Uninsured Motorists Coverage			
PHYSICAL DAMAGE COMPREHENSIVE	7	Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto. See ITEM FOUR for hired or borrowed "autos".	\$1,037.00
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS		Actual Cash Value or Cost of Repair, whichever is less, minus the \$25 Deductible for each covered auto loss caused by Mischief or Vandalism. See ITEM FOUR for hired or borrowed "autos".	
PHYSICAL DAMAGE COLLISION	7	Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto. See ITEM FOUR for hired or borrowed "autos".	\$1,642.00
PHYSICAL DAMAGE TOWING AND LABOR		\$ for each disablement of a private passenger "auto"	
<b>Premium for Endorsements</b>			\$250.00
<b>Estimated Total Premium</b>			\$35,317.00

### FORMS AND ENDORSEMENTS\*

See Forms and Endorsements Schedule

\*Entry optional if shown in common policy declarations.

**This page intentionally left blank**



AmTrust Insurance Company  
4455 LBJ Freeway, Suite 700  
Dallas, Texas 75244

**Policy Number:**  
KPP1062529 02  
**Named Insured:**  
Crescent Multimedia Solutions LLC

## BUSINESS AUTO

### ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN

DESCRIPTION						PURCHASED		LOCATION	
Unit #	Year, Make & Model, Serial No. or Vehicle Identification Number				Original Cost New	Actual Cost & NEW (N) USED (U)	State	Territory	
1	2014 RAM 1500 PROMASTER 3C6TRVAG5EE129160				\$29,520.00		LA	119	
2	2016 NISSAN NV200 S 3N6CM0KN7GK693692				\$20,870.00		LA	119	
3	2019 FORD T150 1FTYE2CM4KKA14070				\$35,315.00		LA	119	
4	2012 CHEVROLET TAHOE 1GNSCBE07CR258821				\$43,600.00		LA	119	
5	2021 Honda CR-V 7FARW1H59ME014714				\$27,860.00		LA	119	

CLASSIFICATION								
Unit #	Code	Radius of Operation	Business Use	Size GVW, GCW or Seating Capacity	Primary Rating Factor		Secondary	Age Group
					Liability	Physical Damage	Rating Factor	
1	03599	Intermediate	Commercial	0-10,000 GVW	1.49	1.12	1.00	E
2	03599	Intermediate	Commercial	0-10,000 GVW	1.49	1.12	1.00	C
3	03599	Intermediate	Commercial	0-10,000 GVW	1.49	1.12	1.00	5
4	03599	Intermediate	Commercial	0-10,000 GVW	1.49	1.12	1.00	X
5	7398	N/A	N/A	N/A	1.00	1.00	1.00	3

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES							
LIABILITY			PERS. INJURY PROT		ADDED PIP	PROP PROT (Mich. only)	
Unit #	Limit	Premium	Limit stated in each PIP Endorsement minus deductible shown below	Premium	Limit stated in each Added PIP Endorsement Premium	Limit stated in P.P.I. Endorsement minus deductible shown below	Premium
1	\$1,000,000	\$5,545.00					
2	\$1,000,000	\$5,658.00					
3	\$1,000,000	\$6,779.00					
4	\$1,000,000	\$5,685.00					
5	\$1,000,000	\$2,687.00					

COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)						
UNINSURED MOTORIST			UNDERINSURED MOTORIST		AUTO MED PAY	
Unit #	Limit	Premium	Limit	Premium	Limit	Premium
1	\$1,000,000	\$279.00			\$5,000	\$14.00
2	\$1,000,000	\$279.00			\$5,000	\$14.00
3	\$1,000,000	\$279.00			\$5,000	\$14.00
4	\$1,000,000	\$279.00			\$5,000	\$14.00
5	\$1,000,000	\$436.00			\$5,000	\$90.00

COVERAGE - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)							
COMPREHENSIVE			SP. CAUSE OF LOSS	COLLISION		TOWING & LABOR	
Unit #	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit per Disablement	Premium
1	\$1,000	\$121.00		\$1,000	\$134.00		
2	\$1,000	\$118.00		\$1,000	\$152.00		
3	\$1,000	\$214.00		\$1,000	\$351.00		
4	\$1,000	\$143.00		\$1,000	\$160.00		
5	\$1,000	\$173.00		\$1,000	\$355.00		

**This page intentionally left blank**



AmTrust Insurance Company  
4455 LBJ Freeway, Suite 700  
Dallas, Texas 75244

**Policy Number:**  
KPP1062529 02  
**Named Insured:**  
Crescent Multimedia Solutions LLC

## BUSINESS AUTO

### ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN

DESCRIPTION		PURCHASED		LOCATION			
Unit #	Year, Make & Model, Serial No. or Vehicle Identification Number	Original Cost New	Actual Cost & NEW (N) USED (U)	State	Territory		
6	2023 FORD T250 1FTBR1C83PKA60021	\$45,005.00		LA	119		
<b>CLASSIFICATION</b>							
Unit #	Code	Radius of Operation	Business Use	Size GVW, GCW or Seating Capacity	Primary Rating Factor	Secondary	Age Group
6	03599	Intermediate	Commercial	0-10,000 GVW	1.49	1.12	1.00 1
<b>COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES</b>							
LIABILITY		PERS. INJURY PROT		ADDED PIP	PROP PROT (Mich. only)		
Unit #	Limit	Premium	Limit stated in each PIP Endorsement minus deductible shown below	Premium	Limit stated in each Added PIP Endorsement Premium	Limit stated in P.P.I. Endorsement minus deductible shown below	Premium
6	\$1,000,000	\$6,475.00					
		\$32,829.00					
<b>COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)</b>							
UNINSURED MOTORIST		UNDERINSURED MOTORIST		AUTO MED PAY			
Unit #	Limit	Premium	Limit	Premium	Limit	Premium	
6	\$1,000,000	\$279.00			\$5,000	\$14.00	
		\$1,831.00				\$160.00	
<b>COVERAGE - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)</b>							
COMPREHENSIVE		SP. CAUSE OF LOSS	COLLISION		TOWING & LABOR		
Unit #	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit per Disablement	Premium
6	\$1,000	\$268.00		\$1,000	\$490.00		
		\$1,037.00			\$1,642.00		

**This page intentionally left blank**





AmTrust Insurance Company  
4455 LBJ Freeway, Suite 700  
Dallas, Texas 75244

**Policy Number:**  
KPP1062529 02  
**Named Insured:**  
Crescent Multimedia Solutions LLC

## BUSINESS AUTO

### ITEM FOUR: SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (IF LIABILITY COVERAGE IS PRIMARY)	ESTIMATED PREMIUM
LA	Primary: \$0	Included		Included
LA	Excess: \$0	Included		Included
TOTAL PREMIUM				\$113.00 MP

The Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of Hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE					
COVERAGES	STATE	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	LA	Actual Cash Value or Cost of Repairs, whichever is less minus \$0.00 Deductible for each covered auto. But no Deductible applies to loss caused by fire or lightning.			
SPECIFIED CAUSE OF LOSS	LA	Actual Cash Value or Cost of Repairs, whichever is less minus \$0.00 Deductible for each covered auto for loss caused by Mischief or Vandalism.			
COLLISION	LA	Actual Cash Value or Cost of Repairs, whichever is less minus \$0.00 Deductible for each covered auto.			
TOTAL PREMIUM					\$0.00

### ITEM FIVE: SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other than a Social Service Agency	Number of Employees	3	\$133.00
	Number of Partners	0	\$0.00
Social Service Agency	Number of Employees		
	Number of Volunteers		
TOTAL PREMIUM			\$133.00

**This page intentionally left blank**



AmTrust Insurance Company  
4455 LBJ Freeway, Suite 700  
Dallas, Texas 75244

**Policy Number:**  
KPP1062529 02  
**Named Insured:**  
Crescent Multimedia Solutions LLC

## BUSINESS AUTO

### ITEM SIX: SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS - LIABILITY COVERAGE

#### PUBLIC AUTO OR LEASING RENTAL CONCERNS

ESTIMATED YEARLY ( ) Gross Receipts ( ) Mileage	RATES		PREMIUMS	
	( ) Per \$100 of Gross Receipts			
	( ) Per 100 Miles			
	LIABILITY COVERAGE	AUTO PHYSICAL DAMAGE	LIABILITY COVERAGE	AUTO PHYSICAL DAMAGE
	TOTAL PREMIUMS			
	MINIMUM PREMIUMS			

When used as a premium basis:

#### FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

A.Amount you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.

B.Advertising Revenue.

C.Taxes which you collect as a separate item and remit directly to a governmental division.

D.C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

#### FOR RENTAL OR LEASING CONCERNS

Gross Receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF. COMPLETE THE ABOVE NUMBERED POLICY.

9/26/2023

Date

Signature of Authorized Representative

**This page intentionally left blank**



AmTrust Insurance Company  
4455 LBJ Freeway, Suite 700  
Dallas, Texas 75244

**Policy Number:**  
KPP1062529 02  
**Named Insured:**  
Crescent Multimedia Solutions LLC

## COMMERCIAL COMMON POLICY DECLARATIONS POLICY INTEREST SCHEDULE

---

LOSS PAYABLE CLAUSE  
CA99441013  
Ford Motor Credit Co  
PO Box 30201  
College Station, TX 77842  
Units (Autos): 6

**This page intentionally left blank**



AmTrust Insurance Company  
4455 LBJ Freeway, Suite 700  
Dallas, Texas 75244

**Policy Number:**  
KPP1062529 02  
**Named Insured:**  
Crescent Multimedia Solutions LLC

## COMMERCIAL COMMON POLICY DECLARATIONS FORMS AND ENDORSEMENTS SCHEDULE

---

Coverage	Form Number	Edition Date	Title
CA	AutolDCard	0/0	AUTO ID CARD
CA	CA9944	10/13	LOSS PAYABLE CLAUSE
IL	IL1203	04/06	LOUISIANA POLICY CHANGES

**This page intentionally left blank**



## LOUISIANA AUTO INSURANCE IDENTIFICATION CARD

COMPANY NAIC NUMBER  
**15954**

COMPANY AFFORDING COVERAGE  
**AmTrust Insurance Company**  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

An insurer authorized to transact business in Louisiana has issued the Motor Vehicle Policy identified here on. The coverage provided by this policy meets the minimum liability insurance limits prescribed by law.

POLICY NUMBER  
**KPP1062529 02**

EFFECTIVE DATE      EXPIRATION DATE  
**7/19/2023              3/11/2024**

YEAR      MAKE/MODEL  
**2023      FORD T250**

VEHICLE IDENTIFICATION NUMBER  
**1FTBR1C83PKA60021**

INSURED NAME AND ADDRESS  
**CRESCENT MULTIMEDIA SOLUTIONS LLC**  
2000 L&A ROAD  
METAIRIE LA 70001

**THIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES  
AS EVIDENCE OF INSURANCE**

SEE IMPORTANT NOTICE ON REVERSE SIDE

### IMPORTANT NOTICE

La. R.S. 32:863.1 requires that an operator of a motor vehicle produce upon demand by a law enforcement officer documentation of motor vehicle security which is required to be maintained within the vehicle at all times.

Failure to comply may result in fines, revocation of registration privileges, and block against the renewal or issuance of a drivers license.

INSURANCE AGENT (NAME, ADDRESS & TELEPHONE NUMBER)  
**Martin Insurance Agency, Inc.**  
PO Box 19600  
New Orleans LA 70179  
Telephone: (504) 486-6133

EXCLUDED DRIVERS  
**No excluded drivers**



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LOSS PAYABLE CLAUSE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A.** We will pay, as interest may appear, you and the loss payee named in the policy for "loss" to a covered "auto".
  - B.** The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
  - C.** We may cancel the policy as allowed by the Cancellation Common Policy Condition.
  - D.** If we make any payments to the loss payee, we will obtain his or her rights against any other party.
- Cancellation ends this agreement as to the loss payee's interest. If we cancel the policy, we will mail you and the loss payee the same advance notice.

**This page intentionally left blank**