



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
MM/DD/YYYY

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 Taylor & Taylor, Ltd. Taylor & Taylor Associates, Inc. 271 Madison Avenue, 5th Floor New York, NY 10016		CONTACT NAME: Account Representative PHONE (A/C. No. Ext): 212-490-8511 FAX (A/C. No.): 212-490-7236 E-MAIL ADDRESS: email@sample.com PRODUCER CUSTOMER ID #:	
INSURED PRODUCTION COMPANY USA 1 MAIN STREET YOUR TOWN, USA		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : ABC INSURANCE COMPANY 12345 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			11111	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X						
<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR							
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	AUTOMOBILE LIABILITY			22222	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO							
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS						PHYSICAL DAMAGE LIMIT	\$ INCLUDED*
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PHYSICAL DAMAGE DEDUCT	\$ *
	<input checked="" type="checkbox"/> HIRED AUTO PHYSICAL DAMAGE*							
	* If Hired Auto Physical Damage is included under the Misc. Equipment, it should read as follows: "Misc. Equipment includes Physical Damage to Automobiles & Production Vehicles"							
	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			33333	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A					
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 100,000
	MISCELLANEOUS EQUIPMENT THIRD PARTY PROPERTY DAMAGE			44444	MM/DD/YY	MM/DD/YY	LIMIT: \$1,000,000	DEDUCTIBLE: \$2,500
	(Special Form, Replacement Cost or Legal Liability*, Worldwide)						LIMIT: \$1,000,000	DEDUCTIBLE: \$1,500
							(*Actual Cash Valuation on Automobiles)	

Policy Limit & Deductible is required, and limit must be equal or greater to replacement value of goods rented.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is included as Additional Insured and Loss Payee. Includes a Waiver of Subrogation on the Workers Compensation. Coverage is Primary and Non-contributory. Miscellaneous Equipment does not include an **Unattended Vehicle Theft Exclusion.**

This text is also required to be valid for rentals

CERTIFICATE HOLDER Cinema Shot 8136 S Grant Way Littleton, CO 80122 303-997-4420	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 -----SAMPLE COPY-----
---	---