



5900 Blackwelder Street • Culver City • California 90232 • Tel: (310) 636-4600 • keslowcamera.com

INSURANCE REQUIREMENTS

CAMERAS, LIGHTING AND GRIP

- | | |
|---|----------------|
| 1. Equipment Coverage: | \$1,000,000.00 |
| Worldwide or Premises, Transit and Unnamed Locations
on a Replacement Cost Basis (Actual Cash Value and
Locked/Unattended Vehicle Warranty are not acceptable)
The equipment limit should be sufficient to cover all of the
equipment to be used on the production. | |
| 2. Third Party Property Damage Coverage | \$250,000 |
| (Loss of Use is usually included in this coverage) | |
| 3. List Keslow Camera, Inc. as a Loss Payee for Equipment coverage. | |
| 4. Commercial General Liability | |
| General Aggregate Limit | \$1,000,000 |
| Products and Completed Operations Aggregate Limit | \$1,000,000 |
| Personal Injury and Advertising Injury Limit | \$1,000,000 |
| Limit Each Occurrence | \$1,000,000 |
| 5. List Keslow Camera, Inc. as an Additional Insured on the
Commercial General Liability coverage. | |
| 6. Non-Owned & Hired Automobile Liability | \$1,000,000 |
| 7. Commercial Umbrella | \$2,000,000 |

It is important to understand that your furnishing a certificate of insurance may not fulfill all your obligations under the rental agreement. The limit of insurance coverage for equipment is issued on a per occurrence basis, not a separate limit for all rental companies involved in a production. Therefore, it is essential that the limit for equipment coverage equal the total value of all equipment used on a job. If your limit of insurance is inadequate to cover the loss you will be responsible for the difference between the amount of insurance and the actual loss. It is in both your own interest, as well as our interest, that adequate insurance limits are maintained.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
DD/MM/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. 15060 Ventura Boulevard Suite 210 (License #0731414) Sherman Oaks CA 91403-2436	CONTACT NAME: Account Executive PHONE (A/C, No, Ext): (818) 981-9700 FAX (A/C, No): (818) 981-9703 E-MAIL ADDRESS: www.taylorinsurance.com														
INSURED Production Company One Main Street City, ST, ZIP	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: ABC Insurance Company</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ABC Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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	Y		123451	1/1/2011	1/1/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
A	AUTOMOBILE LIABILITY			123452	1/1/2011	1/1/2012	GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						
A	UMBRELLA LIAB			123453			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	EXCESS LIAB						BODILY INJURY (Per person) \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						BODILY INJURY (Per accident) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						PROPERTY DAMAGE (Per accident) \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Miscellaneous Equipment			123455	1/1/2011	1/1/2012	EACH OCCURRENCE \$ 2,000,000
	Third Party Prop. Damage						AGGREGATE \$ 2,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							
Certificate Holder is included as a Loss Payee as respects equipment coverage and as an Additional Insured on the General Liability policy with respect to claims arising out of the negligence of the Named Insured. (Equipment section should state that valuation is Replacement Cost or Legal Liability. There must not be an exclusion for theft of equipment from Unattended Vehicles.)							

CERTIFICATE HOLDER

CANCELLATION

Keslow Camera, Inc. 5900 Blackwelder Street Culver City, CA 90232	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 Authorized Signature