



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 Your Insurance Company 1 Main Street Their town, State 11111	CONTACT NAME: Account Representative PHONE (A/C. No. Ext): 212-490-8511 E-MAIL ADDRESS: nystaff@taylorinsurance.com PRODUCER CUSTOMER ID #:	FAX (A/C. No.): 212-490-7236
	INSURER(S) AFFORDING COVERAGE	
INSURED Your Production Company 1 Main Street Your town, State 11111	INSURER A: ABC INSURANCE COMPANY	NAIC # 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					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	
							PERSONAL & ADV INJURY	\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: <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						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	EXCESS LIAB						AGGREGATE	\$	
	DEDUCTIBLE							\$	
	RETENTION \$							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			33333	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 100,000	
	MISCELLANEOUS EQUIPMENT			44444	MM/DD/YY	MM/DD/YY	LIMIT: \$1,000,000	DEDUCTIBLE: \$2,500	Limit must exceed the replacement cost of the quoted equipment.
	THIRD PARTY PROPERTY DAMAGE (Special Form, Replacement Cost, Worldwide)						LIMIT: \$1,000,000	DEDUCTIBLE: \$1,500	

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 Unlocked or Unattended Vehicle Theft Exclusion. (Neither exclusion permitted)

CERTIFICATE HOLDER

CANCELLATION

Technological Cinevideo Services
 Building 77, Suite 901
 141 Flushing Ave
 Brooklyn, NY 11205

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



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY ABC INSURANCE COMPANY		NAMED INSURED Your Production Company	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 11 **FORM TITLE:** Certificate of Liability Insurance: Notes

NAMED INSURED: PRODUCTION COMPANY USA

COMPANY: ABC INSURANCE COMPANY

POLICY #: 44444

PERIOD: MM/DD/YY-MM/DD/YY

COVERAGE	LIMIT	DEDUCTIBLE
Miscellaneous Equipment	\$1,000,000	\$2,500

Coverage: **Special Form ***

Valuation: **Coverage for Replacement Cost****

Territory: **Worldwide (including transit) *****

HIRED AUTO PHYSICAL DAMAGE:

Limit: \$250,000 Per Auto; \$1,000,000 All Autos Deductible:

10% of Loss; \$2,500 Minimum, \$7,500 Maximum Valuation:

Actual Cash Value

*Indicates all risk

**Not actual cash value

***Must Include in transit

SAMPLE