



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Minimum date of first P/U.

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 have **ADDITIONAL INSURED** provisions or 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 This is the space for your insurance carrier's information.	CONTACT NAME: Your Insurance Agent		
	PHONE (A/C, No, Ext): Your Insurance Agent's Phone #	FAX (A/C, No): Your Insurance Agent's Fax #	
	E-MAIL ADDRESS: Your Insurance Agent's Email Address		
INSURED This is the space for your company information. We will only accept payment from the company/ companies listed here.	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : The Insurer For Each Section Below Are Listed Here.		Their NAIC
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			This coverage is mandatory, it must be effective the date of your first pick up and expire a week after your last return date. Limits should be similar to those on the right.	09/13/2022	09/13/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			We may require this coverage depending on what is being rented.	03/26/2023	03/26/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000				03/26/2023	03/26/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A			09/13/2022	09/13/2023	PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	PRODUCTION COVERAGES - Included Hired Auto Physical Damage			This coverage is not mandatory, but insufficient coverage will result in the need of a full replacement cost deposit.	03/26/2023	03/26/2024	LIMITS SEE ATTACHED DEDUCTIBLES SEE ATTACHED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as Loss Payee on the Property policy and as Additional Insured on the General Liability policy with respect to claims arising out of the negligence of the Named Insured for the maintenance, operation or use of equipment by the Named Insured.
Certificate Holder (Us) must be listed at a minimum as Additional Insured in this section, if we are not listed as Additional Insured we will not be able to release your order. If we are listed as Loss Payee we may use your damage/loss coverages as a deposit (if sufficient), if we are not listed as Loss Payee we will require the full replacement cost of anything rented as your deposit.

Any Certificate that has any language related to "EVIDENCE ONLY" will not be accepted.

CERTIFICATE HOLDER Our information, as listed here, must be in this section. EC Prop Rentals, LLC 11846 Sherman Way North Hollywood CA 91605	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 Your Insurance Agent's signature must be here.
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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY "Producer" Information listed on Page 1		NAMED INSURED Your company name(s) in the "Insured" section
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance: Notes**PRODUCTION PACKAGE POLICY****INSURED:** Your company name(s) in the "Insured" section**COMPANY:** The "Insurer Affording Coverage" listed on Page 1**POLICY#:** Policy # For Your Production Package**PERIOD:** Production Package Effective and Expiration Dates

COVERAGE	LIMIT	DEDUCTIBLE
Props/Sets/Wardrobe	\$1,000,000	\$2,000
Third Party Property Damage	\$1,000,000	\$2,500
Miscellaneous Rented Equipment	\$1,500,000	\$2,500

To accept these coverages for your deposit the Props/Sets/Wardrobe Limit must be a minimum of \$500,000, your Miscellaneous Rented Equipment Limit must be a minimum of \$1,000,000. Third Party Property Damage does not pertain to us and is irrelevant. If either of the above listed limits are met we will use those deductibles as your security deposit. If neither of the above listed limits are met we will require the full replacement value of anything rented as your deposit.

Coverage: Special Form

Valuation: Replacement Cost

Territory: Worldwide (including transit)

HIRED AUTO PHYSICAL DAMAGE

Limit: Included in Miscellaneous Equipment

Deductible: \$2,500

Valuation: Actual Cash Value