

# Seattle Grip & Lighting

## INSURANCE REQUIREMENTS FOR CERT OF INSURANCE (example on page 2)

### Insured:

The name of the Insured MUST be the SAME as of the Executive Producer/Production Company/user of equipment on record.

### COVERAGES (ALL DATES MUST BE CURRENT):

#### General Liability Coverage:

- *Commercial General Liability*
- *Occurrence*

Limits: General Aggregate of no less than \$1,000,000

#### Automotive Coverage (Only required if client is renting a Truck or Generator):

- *Hired Auto Liability*
- *Non Owned Auto Liability*

Limits: Combined Single Limit of no less than \$1,000,000

- *Automotive Physical Damage - Coverage must match replacement value of vehicle(s) rented. Inquire with Rental Manager.*

#### Equipment Coverage:

- *Miscellaneous Equipment, Inland Marine, Property Damage, Third Party Equipment or Rented Equipment*

Limit: The dollar amount needs to be at least equal to the replacement value of the equipment being rented.

Seattle Grip & Lighting will be named as "Loss Payee" for full replacement cost of the equipment being rented. Depreciated value coverage is not acceptable.

#### Description of Operations:

It is mandatory that the **certificate Holder is named additionally insured and loss payee.**

#### Certificate Holder:

**Seattle Grip & Lighting**  
**1050 West Nickerson Street**  
**Seattle, WA 98119**  
**Tel: 206-285-0840, Fax: 206-285-9503**

**The deductible provision** of the above coverages must be within credit limits established by Seattle Grip & Lighting for the lessee. Seattle Grip & Lighting may require a deposit in the amount of the certificate deductible, to be held by Seattle Grip & Lighting until the successful return of equipment.

**Corporations who are self-insured** may provide a letter for our file, acknowledging responsibility for full replacement value of rented equipment/vehicles that become damaged, destroyed or stolen while rented to their assigned agents.

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 04/06/2006
PRODUCER Very Best Insurance Agent 123 Main Street Anytown, CA 99999	FAX	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURERS AFFORDING COVERAGE		
INSURED Intelligent Policyholder 555 1st Street Anytown, CA 99999	INSURER A: <b>Shifting Sands Mutual</b>	
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:

**COVERAGES**  
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L TR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	123 456 789	01/01/2006	01/01/2007	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Hired Auto P.D. \$125,000/\$1,000 de	123 456 789	01/01/2006	01/01/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
					AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER MISC. Equip. including Property of Others.	123 456 789	01/01/2006	01/01/2007	\$500,000 - \$1,000 deductible Spec Form incl theft, Rep Cost

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
Certificate holder is named as Additional Insured as respects General Liability & Automobile Liability and Loss Payee as respects Equipment &/or Vehicles rented to Named Insured.

<b>CERTIFICATE HOLDER</b> Seattle Grip & Lighting 1050 West Nickerson Street Seattle, WA 98119	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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