



INSURANCE REQUIREMENTS

At Cinder we require customers renting vehicles and large packages carry current production insurance and provide a Certificate of Insurance (COI) showing their coverage limits. The next page is a sample COI that shows what coverages we need to see in order to move forward with a rental.

COIs can be hard to read if you haven't dealt with them before, so here's a list of the five important coverage parts we look for. You will need all five in order to properly insure your rental.

Certificate Holder should be:

Cinder Lighting & Grip LLC
295 Margaret St SE, Unit 1
Atlanta, GA 30315

Misc. Rented Equipment Coverage (or Inland Marine coverage with a second page attached that includes Misc. Rented Equipment): The limit should meet or exceed the value of equipment rented for your shoot (from Cinder as well as other rental sources). A **\$250,000** limit is usually enough for most short term productions, but if you feel like that may not fit the needs of your particular shoot, feel free to ask about the replacement value of the equipment on your order.

Automobile Liability Coverage: Limit **\$1,000,000**. The "Hired Autos" & "Non-Owned Autos" boxes OR "Any Auto" should be checked on the certificate. This covers damage to other vehicles, property, and medical expenses related to a vehicular accident. This coverage is not required if your order does not include one of our trucks.

Physical Damage Coverage: Limit: **\$50,000** if you are renting a Cargo Van from Cinder, **\$80,000** if you are renting a 3 Ton Truck or Cube Truck, and **\$125,000** if you are renting a 5 Ton Truck. This covers damage to Cinder's truck related to a vehicular accident. This coverage is not required if your order does not include one of our trucks.

In the Description of Operations box, we need to see the phrase **"The Certificate Holder is included as Additional Insured and Loss Payee"**

While not required by Cinder, it is recommended that you also carry **General Liability Coverage**.

If you are currently shopping for Production Insurance and need a place to start, we recommend getting quotes from **TCP Insurance**, **Athos Insurance**, and **Williams Turner & Mathis Inc.** These companies have departments which deal specifically with the film industry and will know exactly what you're looking for.

Sample Certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/2/2017

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	Tom C. Pickard & Co., Inc. 820 Pacific Coast Hwy Hermosa Beach, CA 90254	CONTACT NAME: Certs Dept. PHONE (A/C, No, Ext): 800.726.3701 E-MAIL ADDRESS: certs@tcpinsurance.com	FAX (A/C, No): 310-318-9840
License # 0555411		INSURER(S) AFFORDING COVERAGE	
INSURED Your Company Here		INSURER A: Great Divide Insurance Company	NAIC # 25224
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 38155880

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	CNA2021420	3/3/2017	3/3/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	CAA2021418 PHYSICAL DAMAGE \$125,000 PER AUTO \$1,000,000 AGGREGATE DED: 10% OF LOSS SUBJECT \$1,000 MIN/\$7,500 MAX	3/3/2017	3/3/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	WCA2021418	3/3/2017	3/3/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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	MISC. RENTED EQUIPMENT	<input checked="" type="checkbox"/>	CNA2021420	3/3/2017	3/3/2018	\$100,000 LIMIT, \$1,500 DED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED AND LOSS PAYEE BUT ONLY AS RESPECTS TO CLAIMS ARISING OUT OF THE NEGLIGENCE OF THE NAMED INSURED.

CERTIFICATE HOLDER

Cinder Lighting & Grip LLC
295 Margaret St SE, Unit 1
Atlanta, GA 30315

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

Don Pickard

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ACORD 25 (2016/03)

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