



184 Everett St. Boston, MA 02134
617 903-3373

INSURANCE REQUIREMENTS

THE TERMS OF OUR RENTAL AGREEMENT REQUIRE YOU TO PROVIDE RED SKY STUDIOS, LLC WITH A CERTIFICATE OF INSURANCE. THE CERTIFICATE SHOULD SHOW THAT COVERAGE WILL REMAIN IN FORCE FOR THE DURATION OF THE RENTAL PERIOD.

The coverages required are as follows:

1. Commercial General Liability with a minimum limit of \$1,000,000. Coverages should equal or exceed that provided by the Insurance Services Office Form CG0001 (11-88). Furthermore, we must be shown as “Additional Insured” on you policy.
2. Coverages with a minimum limit equal to the total replacement value of all equipment (Red Sky Studios LLC, yours, mine and other parties) that will be used in the production/project. The coverage must be provided on “all risk” or “special” form and pay on the basis of “replacement cost.” The policy “coverage territory” should be consistent with the location of the production. We, Red Sky Studios LLC, must be shown as “Loss Payee” and “Additionally Insured” on this policy.
3. Automobile Liability coverage for all owned, hired, and non-owned vehicles with a minimum limit of \$1,000,000 or One Million Dollars.

IF RENTING A VEHICLE**CERTIFICATE OF LIABILITY INSURANCE**

DATE (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		CONTACT NAME: Agent Contact Info	
Insurance Agent Name		PHONE (A/C, No, Ext):	FAX (A/C, No):
Insurance Agent Address		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Your Insurance Carrier	
INSURED		INSURER B : Your Insurance Carrier	
Your Company Name		INSURER C : Your Insurance Carrier	
Your Company Address		INSURER D : Your Insurance Carrier	
		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			Your Policy #	Eff Date	Exp Date	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$ 5,000
							PERSONAL & ADV INJURY
							\$ 1,000,000
							GENERAL AGGREGATE
							\$ 2,000,000
							PRODUCTS - COMP/OP AGG
							\$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>		Your Policy #	Eff Date	Exp Date	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	<input checked="" type="checkbox"/> PhysicalDmg						BODILY INJURY (Per accident)
							\$
							PROPERTY DAMAGE (Per accident)
							\$
							Hired Physical Damage
							\$ 75,000
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						\$
	<input type="checkbox"/> OCCUR						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED		RETENTION \$				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Your Policy #	Eff Date	Exp Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$ 500,000
							E.L. DISEASE - EA EMPLOYEE
							\$ 500,000
							E.L. DISEASE - POLICY LIMIT
							\$ 500,000
D	Inland Marine			Your Policy #	Eff Date	Exp Date	Total Limit:
							\$xxx,xxx
							Per Item Limit:
							\$xx,xxx
							Deductible:
							\$x,xxx

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Red Herring Motion Picture Lighting, Inc & Red Sky Studios, LLC are included as Additional Insured with respect to General Liability and Commercial Auto Liability coverage. This is per policy form #(s) (include policy form #(s)) and subject of the policy's terms & conditions. Commercial Auto Liability provides liability coverage for "Hired & Non-owned" vehicles as well as "Hired Physical Damage" coverage in the amount of \$75,000 or more.

Red Herring Motion Picture Lighting, Inc & Red Sky Studios, LLC are included as Loss Payee with respects to equipment rented. Equipment policy provides special form property coverage for rented equipment, worldwide including transit at a replacement cost valuation. Total limit is \$xxx,xxx. There is a \$xx,xxx limit per item and a \$x,xxx deductible.

CERTIFICATE HOLDER**CANCELLATION**

Red Herring Motion Picture Lighting, Inc & Red Sky Studios, LLC 184 Everett St. Allston MA 02134	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
	Agent Signature

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER		CONTACT NAME: Agent Contact Info	
Insurance Agent Name		PHONE (A/C, No, Ext):	FAX (A/C, No):
Insurance Agent Address		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Your Insurance Carrier	
		INSURER B : Your Insurance Carrier	
		INSURER C : Your Insurance Carrier	
		INSURER D : Your Insurance Carrier	
		INSURER E :	
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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/>					MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	EXCESS LIAB						AGGREGATE	\$	
	DED						RETENTION \$	\$	
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A					E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
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							Per Item Limit:	\$xx,xxx	
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	AUTHORIZED REPRESENTATIVE Agent Signature

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