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[REDACTED]

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[REDACTED]

Accepted and Agreed to: _____

Accepted and Agreed to: _____

By: _____

Title: _____

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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY)
/13

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	INSURANCE SERVICES,	Contact Name _____		
		Phone (A/C, No. Ext) _____	Fax (A/C, No) _____	
		Email Address _____		
INSURED	BURBANK CA	Insurer's Affording Coverage		NAIC #
		NSURER A:	nsurance Company	
		NSURER B:		
		NSURER C:		
		NSURER D:		
		NSURER E:		
		NSURER 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. LIMITS SHOWN ARE AS REQUESTED.

TYPE OF INSURANCE	A	B	DESCRIPTION	(MM/DD/YYYY)	(MM/DD/YYYY)	COVERAGES	LIMITS
A COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/>				13	/14	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
						Medical Expenses Limit	\$ 5,000
A AUTOMOBILE LIABILITY				/13	/14	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
A Umbrella Liab <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/>				0	/13	EACH OCCURRENCE	\$ 4,000,000
						AGGREGATE	\$ 4,000,000
						DEDUCTIBLE RETENTION \$	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						Other	\$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							\$
If yes, describe under DESCRIPTION OF OPERATIONS below							\$
A OTHER - PROPS/SETS/WARDROBE THIRD PTY PROP DAMAGE MISC. EQUIPMENT (M.E.)				/13	0 /14	\$1,000,000 L MIT / \$1,500 DEDUCTIBLE	
						\$1,000,000 L MIT / \$1,500 DEDUCTIBLE	
						\$5,000,000 L MIT / \$2,500 DEDUCTIBLE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CERTIFICATE APPLIES ONLY TO TELEVISION PROGRAMS PRODUCED ON BEHALF OF NETWORK US, NETWORK INTERNATIONAL
 THE CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY OR AUTO LIABILITY POLICIES & LOSS PAYEE UNDER THE PRODUCTION PACKAGE POLICY BUT ONLY AS RESPECTS THEIR AGREEMENT WITH THE NAMED INSURED IN CONNECTION WITH THE PRODUCTION ENTITLED: "

CERTIFICATE HOLDER	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 Insurance Services

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MY ORGANIZATION
1 CHESTNUT HILL ROAD
ANYWHERE, USA 99999

September 29, 2014

[Name & Address of Contractor]

RE:: [Job Description and Date]

Dear [Contractor],

When contracting to perform work for or on behalf of My Organization, we require certain minimum insurance standards for legal liability arising out of work performed by independent contractors and their subcontractors. These requirements must be met before you or your subcontractors are permitted to work on the premises.

You may wish to forward the attached requirements for insurance certificates to your insurance agent or broker, and they will assist you in complying with our request. The best way for them to contact us is via email should they have any questions.

Feel free to call should you have any questions.

Poo Bah
Executive Director
My Organization,

WILDERNESS RISK MANAGEMENT CONFERENCE

WPRMIG



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MY ORGANIZATION
1 CHESTNUT HILL ROAD
ANYWHERE, USA 99999

We prefer that you email the evidence of insurance as a PDF file, but snail mailed documents will also be accepted. Faxed certificates can also be accepted if the originals are snail mailed to our office.

- 1. A valid Certificate of Workers' Compensation Insurance, including employers' liability. Subrogation must be waived against My Organization, LLC, its directors, officers, members, employees and volunteers**
- 2. A valid Certificate of Insurance for Commercial General Liability Coverage**
 - a. The limits should at least equal \$1,000,000 Each Occurrence and \$2,000,000 Aggregate Bodily Injury & Property Damage combined**
 - b. The coverage *must* include Products/Completed Operations Coverage with at least a \$1,000,000 aggregate limit and CG2037 Ed 07/2004 Additional Insured naming My Organization, LLC, its directors, officers, members, employees and volunteers as additional insured person(s) for this work.**
 - c. The coverage should include Insurance Services Office contractual liability coverage on form CG0001 Ed 12/2007 or more recent including CG2010 Additional Insured endorsement naming My Organization, LLC, its directors, officers, members, employees and volunteers as additional insured**
 - d. The coverage must include Personal Injury Coverage with at least a \$1,000,000 limit each occurrence/aggregate**
 - e. The certificates of insurance must name My Organization, LLC, its directors, officers, members, employees and volunteers as an additional insured for liability arising out of the specific project/event and must indicate the location of the project (e.g. Stone Mountain Park, GA; "Premises of My Organization, 1 Chestnut Hill Road, Anywhere, USA", etc.) on Insurance Services Office Form Numbers CG2010 07/2004 and CG2037 Ed. 07/2004 or equivalent**
 - f. The certificate must indicate that the aggregate limit of liability applies on a "per job" basis.**
- Where Umbrella Liability or Excess Liability coverage exists, please include this on the Certificate of Insurance with the company, policy information and limits**
- g. Insurance company must be accorded an A.M. Best Company's financial strength rating of A- or better and financial size category VI or larger.**
- 3. Automobile Liability, including non-owned and borrowed/hired automobile coverage must be included with a \$1,000,000 combined single limit, or \$1,000,000 each person/\$1,000,000 each accident. My Organization, LLC, its directors, officers, members, employees and volunteers must be included as additional insured for the job.**

MY ORGANIZATION
1 CHESTNUT HILL ROAD
ANYWHERE, USA 99999

4. *All subcontractors also must supply valid certificates of insurance conforming to these requirements or they will not be permitted on the premises (or payment will not be made)*
5. **The description of operations should indicate that Subrogation has been waived in favor of My Organization, LLC, its directors, officers, members, employees and volunteers.**

Any request for exceptions to these requirements must be addressed in writing, fax or email to us in writing, with an explanation. We will make all reasonable efforts to work with your insurance program if your insurance underwriter can not comply with some of these requirements.

MY ORGANIZATION, LLC
PO BOX 999
ANYWHERE USA 99999

September 29, 2014

[Name & Address of Contractor]

RE:: [Movie Shoot Description, location and Date]

Dear [Contractor],

When contracting with My Organization, LLC, we require certain minimum insurance standards for legal liability arising out of work performed by you and your subcontractors. These requirements must be met before we can supply you with a certificate of insurance naming you as additional insured.

You may wish to forward the attached requirements for insurance certificates to your insurance agent or broker, and they will assist you in complying with our request. The best way for them to contact us is via email should they have any questions.

Feel free to call should you have any questions.

Sincerely,

Apple Jack
Managing Member

WILDERNESS RISK MANAGEMENT CONFERENCE

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MY ORGANIZATION, LLC
PO BOX 999
ANYWHERE USA 99999

5. **The description of operations must include a waiver of Subrogation in favor of *My Organization, LLC, its members, officers, employees and volunteers* on all policies**
6. **Evidence of inland marine insurance covering all equipment used for the project. Client must agree to waive all rights of subrogation against My Organization, LLC, its members, officers, employees and volunteers prior to the trip for damage to property or equipment and hold My Organization, LLC, its members, officers, employees and volunteers harmless for any loss to property or equipment.**

Any request for exceptions to these requirements must be addressed in writing, fax or email to us in writing, with an explanation. We will make all reasonable efforts to work with your insurance program if your insurance underwriter can not comply with some of these requirements.

