



Versatile Studios Insurance Requirements

Lessee must furnish Versatile Studios with a certificate of insurance naming, Versatile Studios, Inc., as “Additional Insured” under Lessee’s Vehicle Liability and Commercial General Liability Policies and as “Loss Payee” under Renter’s Comprehensive and Collision Policy.

Comprehensive General Liability:

Must be in an amount not less than

\$1,000,000 per occurrence

\$2,000,000 aggregate

Misc. Rented Equipment:

Limits must equal or exceed the replacement value of rented Equipment.

Workers Compensation Insurance:

Lessee shall, at Lessee’s expense, maintain worker’s compensation with statutory limits and employer’s liability insurance during the Term with minimum limits of \$1,000,000 or as required by applicable law.

Inland Marine:

The Inland Marine Insurance coverage shall be sufficient to cover the full replacement value of any cargo within Equipment.

Vehicle Liability:

Must be in an amount not less than \$1,000,000 in combined single limit liability coverage.

Auto Physical Damage:

Certificate must name Versatile Studios as Loss Payee for physical damage to rented vehicles.

Umbrella Liability:

Must be an amount not less than

\$3,000,000 each occurrence

\$3,000,000 aggregate



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Date

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 Your Insurance Agency/Broker Address City, ST, Zip Code INSURED	CONTACT NAME: Insurance Broker Name PHONE (A/C, No, Ext): Phone Number FAX (A/C, No): Fax Number E-MAIL ADDRESS: Insurance Email Address
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Name of Insurance Company A	
INSURER B: Name of Insurance Company B	
INSURER C: Name of Insurance Company C	
INSURER D: Name of Insurance Company D	
INSURER E: All Carriers Must be Rated A- VIII or Better by A.M.	
INSURER F: Best	

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
☒	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC OTHER:	X	X				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
☒	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	X	X				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
☒	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000						EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
☒	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N ☐	N/A	X				☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Production Pckg/3rd Prty Prop Dmg Misc Equip/Props/Sets/Wardrobe						Limit: 2,000,000 Ded: 2,500 Limit: 1,000,000 Ded: 2,500

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

CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY OR AUTO LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE PLICY BUT ONLY AS RESPECT THEIR AGREEMENT WITH THE NAMED INSURED FOR THE RENTAL OR LEASE OF PROPS, SETS, WARDROBE, EQUIPMENT BEHICLES OR PREMISES FOR THE PRODUCTION.

SAMPLES: The Certificate Holder is included as Additional Insured as required by written contract as per forms attached (list forms).
The Certificate Holder is included as Loss Payee as respects to the rented/leased equipment, vehicles or trailers.

CERTIFICATE HOLDER**CANCELLATION**

VS Rentals OpCo, LLC. DBA Versatile Studios, Inc. 1000 N. Cahuenga Blvd, Los Angeles, CA 90038	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 Authorized Signature of Broker, Agent or Producer
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