



## CERTIFICATE OF INSURANCE REQUIREMENTS

### **Please allow at least one business day for verification.**

Majority of the time we are able to verify a COI the same day, but in cases where your insurance provider's office is closed or your insurance agent is unavailable, we will need to wait to hear back from them.

### **Certificate Holder Info**

AnimationTech  
5260 Pomona Blvd #102, Los Angeles, CA 90022

### **Coverage**

The certificate must indicate the policy's coverage for General Liability and Inland Marine or Miscellaneous Rented Equipment covering the replacement cost value of the rented equipment. Policies with a "Theft From an Unattended Vehicle" exclusion will not be accepted.

General Liability policy minimum: \$1,000,000

Loss Payee policy minimum for rented equipment: \$50,000

*\*If you need to provide the replacement cost value amount to your insurance company, please let us know and we can provide the minimum limit amount after confirming your quote.*

### **Subrogation**

Subrogation needs to be marked as waived, please mark Y (Yes) in the SUBR WVD field for the rented equipment coverage policy.

### **Policy Dates**

Policy dates must be effective until your team's estimated return date. If you rent past the expiration dates we will notify your team to update the policy dates.

### **Proof of Endorsement**

Request from your insurance company the Loss Payable Clause to send to us for our reference.



# 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 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  <b>Your Insurance Broker's Info</b>	CONTACT NAME: <b>Your Agent's Contact Info</b>	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED  <b>Your Business Name and Address</b> <b>*Business Name MUST match the name on the rental contract.</b>	INSURER A : <b>Name of Insurance Carrier</b>		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						<b>EACH OCCURRENCE</b>	\$ <b>1,000,000.00</b>
							<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b>	\$ <b>1,000,000.00</b>
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							<b>GENERAL AGGREGATE</b>	\$ <b>2,000,000.00</b>
							<b>PRODUCTS - COMP/OP AGG</b>	\$ <b>2,000,000.00</b>
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
	<b>Example Texts:</b> <b>Miscellaneous Equipment</b> <b>Inland Marine</b> <b>Production Package</b>						<b>Limit MUST cover the Replacement Value Cost of the Rented Equipment</b>	

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

**AnimationTech must be listed as "Additional Insured" and "Loss Payee"****CERTIFICATE HOLDER****CANCELLATION**

<b>AnimationTech</b> <b>5260 Pomona Blvd #102</b> <b>Los Angeles, CA 90022</b>	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