



Insurance Requirements

L MEDIA STUDIOS, LLC. must be named as additional insured and loss payee as their interests may appear.

Rental coverage must be equal or greater than the replacement value of the rented equipment.

EXAMPLE - PROPER CERTIFICATE OF INSURANCE

Certificate of Insurance Date: MM/DD/YYYY

Producer:
Your Agent / Broker's Name
And Address Goes Here

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Insured:
Your Company Name
and Address Goes Here

COMPANIES AFFORDING COVERAGE

COMPANY A **Name of Insurance Company**

COMPANY %

COMPANY C

COVERAGES

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 PRODUCTS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	Policy # #12345678	Date MM/DD/YYYY	Date MM/DD/YYYY	GENERAL AGGREGATE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				PERSONAL & ADV INJURY \$1,000,000
					FIRE DAMAGE (Any one fire) \$50,000
					MEDICAL EXPENSE \$5,000
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE
	<input type="checkbox"/> HIRED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EACH ACCIDENT
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE
C	EXCESS LIABILITY				EACH OCCURRENCE
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
%	WORKERS COMPENSATIONS AND EMPLOYER'S LIABILITY				
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				
	OTHER	Policy # #12345678	Date MM/DD/YYYY	Date MM/DD/YYYY	Rented Equipment Limit \$250,000
	MISC. RENTED EQUIPMENT RCV Included				Deductible \$2,500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Certificate holder is named as **Additional Insured and Loss Payee** for Replacement Value as their interests may appear.

CERTIFICATE HOLDER CANCEL

We MUST be named as this.

This section is ESSENTIAL.

Greater or Equal to replacement cost of All Rented Equipment.

L MEDIA STUDIOS, LLC
14518 SW 142 CT CIR S.
MIAMI FL 33186

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 82 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS, OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE (SIGNATURE)
Your Agent's Signature