



www.guerrillagear.co | contact@guerrillagear.co

INSURANCE REQUIREMENTS

At Guerrilla Gear we require customers renting vehicles and large packages, carry current production insurance and provide a Certificate of Insurance (COI) showing their coverage limits. The next page is a sample COI that shows what coverages we need to see in order to move forward with a rental.

COIs can be hard to read if you haven't dealt with them before, so here's a list of the **five important coverage parts** we look for. You will need all five in order to properly insure your rental.

Certificate Holder should be:

Guerrilla Gear Corp.
2100 Kinridge Rd,
Marietta GA 30062

Misc. Rented Equipment Coverage (or Inland Marine coverage with a second page attached that includes Misc. Rented Equipment): The limit should meet or exceed the value of equipment rented for your shoot (from Guerrilla Gear as well as other rental sources). A **\$250,000** limit is usually enough for most short term productions, but if you feel like that may not fit the needs of your particular shoot, feel free to ask about the replacement value of the equipment on your order.

Automobile Liability Coverage: Limit **\$1,000,000**. The "Hired Autos" & "Non-Owned Autos" boxes OR "Any Auto" should be checked on the certificate. This covers damage to other vehicles, property, and medical expenses related to a vehicular accident. **This coverage is not required if your order does not include one of our trucks.**

Physical Damage Coverage: Limit: **\$80,000** if you are renting a 2 Ton Truck. This covers damage to Guerrilla Gear's truck related to a vehicular accident. **This coverage is not required if your order does not include one of our trucks.**

In the Description of Operations box, we need to see the phrase "**The Certificate Holder is included as Additional Insured and Loss Payee**"

While not required by Guerrilla Gear, it is recommended that you also carry **General Liability Coverage**.

If you are currently shopping for Production Insurance and need a place to start, we recommend getting quotes from **Athos Insurance**, **TCP Insurance**, and **Williams Turner & Mathis Inc.** These companies have departments which deal specifically with the film industry and will know exactly what you're looking for.

SAMPLE COI ON NEXT PAGE

SAMPLE CERTIFICATE OF INSURANCE



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 Film Emporium, Inc. dba New York Film Emporium Insurance Services 1890 Palmer Ave #403 Larchmont, NY 10538 Phone No. _____ Fax No. _____ INSURED <p align="center" style="color: blue; font-weight: bold;">Your Company Information here.</p> Phone No. _____ Fax No. _____	CONTACT NAME: Amanda Mogro PHONE (A/C, No, Ext): (914) 833-2433 FAX (A/C, No): _____ E-MAIL ADDRESS: amanda@filmemporium.com <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : ZAI - Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ZAI - Zurich American Insurance Company	16535	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
ZAI	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	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
ZAI	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE	X				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ Included BODILY INJURY (Per accident) \$ Included PROPERTY DAMAGE (Per accident) <small>Max per Auto 125,000 Max Aggregate 500,000</small> \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	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			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
ZAI	Inland Marine					See Attached

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES Coverage Location: United States & Canada

Certificate Holder is named as an Additional Insured and Loss Payee as their interests may appear.

Production Animal Attractions

All coverages expire at 12:01 a.m. Standard Time.

CERTIFICATE HOLDER

Guerrilla Gear Corp.
 2100 Kinridge Rd.
 Marietta GA 30062

Phone No. _____ Fax No. _____

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

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This certificate of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.