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 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). CONTACT NAME:

P				

INSURED

Agency Name & Address **Issuing COI**

Please follow this link for an in insurance quote via Athos:



PHONE (A/C, No, Ext):	nsurance Phone	FAX (A/C, No):	
E-MAIL ADDRESS:	nsurance Email		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Insurance Company		ı
INSURER B :			
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F:			

Insurance Contact Name

Client Name and/or Company Name And Address

*Name and address of insured will need to match the client info on rental agreement

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,

E.	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.															
INSR LTR	SR TYPE OF INSURANCE				CE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY E (MM/DD/YY	FF YY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X					IABILITY					·	,	EACH OCCURRE		\$	\$1,000,000
		CL	AIMS-MA	DE _	X	OCCUR							DAMAGE TO REI PREMISES (Ea o	ccurrence)	\$	
													MED EXP (Any or	ne person)	\$	
													PERSONAL & AD	V INJURY	\$	
		N'L AGGR	REGATE L		PPL	IES PER:				1 1			GENERAL AGGR	EGATE	\$	\$1,000,000
	Х	POLICY		RO- ECT		LOC				Cover		je	PRODUCTS - CC	MP/OP AGG	\$	
		OTHER:								_ date	25		001450155		\$	
Α	AUT	OMOBIL	E LIABILI	TY		If you are need a Hi	rentin red / N	g an E Ion-O	expressway Vehicle, you will wed Autos Policy listed with a	must			COMBINED SING (Ea accident)	ILE LIMIT	\$	\$1,000,000
		ANY AU			-	limit for Pl			age up to \$200,000.	effect	iv	e	BODILY INJURY	(Per person)	\$	
		OWNED AUTOS	ONLY		AU'	HEDULED ITOS				for the	he		BODILY INJURY		\$	
	X	HIRED AUTOS	ONLY	X	NO AU	N-OWNED ITOS ONLY				entiret	y (of	PROPERTY DAMAGE (Per accident)		\$	
	Χ	Hired Au Dmg	ito Phys	لبلا						the re	nta	al	PHYSICAL DAMA	(GE	\$	(Up to \$200,000)
		UMBRE	LLA LIAB	·		OCCUR				perio	od.	.	EACH OCCURRE	NCE	\$	1
		EXCESS	SLIAB			CLAIMS-MADE				1			AGGREGATE		\$	
							Prep Date - Re					\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Y/N				noted on the	e Qu	iote	PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE					ECUTIVE T/N	N/A						E.L. EACH ACCID	DENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under											E.L. DISEASE - E	A EMPLOYEE	\$		
	DES	s, describi CRIPTIOI	e under N OF OPE	RATIC	ONS	below							E.L. DISEASE - P	OLICY LIMIT	\$	
Α	Rented Photo/Video Equipment, Inland Marine, or equivalent verbiage from Agency with supplemental												Request the lim	it on the poli ement costs	cy bo	e equal to or greater e rented equipment.
			provide		51116	FIILAI							*Replacem	ent costs of ord	ler av	railable upon request

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

Certificate Holder is included as Additional Insured and/or Loss Payee as required by written contract or agreement but only as respects losses arising from the operations of the Named Insured.

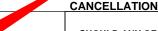
If not noted on your policy, request additional documents from your insurance listing:

Policy covering rented photo and video equipment. No exclusion for theft from unattended vehicle.

Request Expressway Cinema Rentals to be listed as the Additional Insured and Loss Payee.

CERTIFICATE HOLDER

Expressway Cinema Rentals, LLC 3449 West Indiana Ave Philadelphia, PA 19132



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

If you have further questions please contact paperwork@expresswaycine.com

© 1988-2015 ACORD CORPORATION. All rights reserved.