## 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).

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## Agency Name & Address Issuing COI

Please follow this link for an insurance quote via Athos:



NAME:	Insurance Contact Name		
	):Insurance Phone	FAX (A/C, No):	
E-MAIL ADDRESS:	Insurance Email		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A	Insurance Company		
INSURER B	·		
INSURER C	:		
INSURER D	·		
INSURER E	:	-	
INCLIDED E			

INSURED

## Client Name and/or Company Name And Address \*Name and address of insured w

\*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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	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)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
					[			PERSONAL & ADV INJURY	\$	
	GEI	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:				GENERAL AGGREGATE	\$	\$1,000,000		
	X	POLICY PRO- LOC				Coverag	je	PRODUCTS - COMP/OP AGG	\$	
		OTHER:				dates			\$	
Α	AU1	TOMOBILE LIABILITY If you are re	nting	an Ex	pressway Vehicle, you will ed Autos Policy with the	must be	e	COMBINED SINGLE LIMIT (Ea accident)	\$	\$1,000,000
		ANY AUTO coverage ar				effective		BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY				for the entirety of the rental		BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					of	PROPERTY DAMAGE (Per accident)	\$	
	X	Hired Auto Phys Dmg					al L	PHYSICAL DAMAGE	\$	
		UMBRELLA LIAB OCCUR				period	.	EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE				1.		AGGREGATE	\$	
		DED RETENTION \$				Prep Date - Return			\$	
Α	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY			Expressway Crew you will orker's Compensation policy.	noted on the Qu	iote	X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		The second penegraphics			E.L. EACH ACCIDENT	\$	\$1,000,000
		OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Inland Marine, or equivalent verbiage							Request the limit on the poli than the replacement costs		
from Agency with supplemental documents provided								*Replacement costs of ord	der avail	able upon request

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

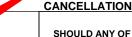
Certificate Holder is included as Additional Insured and/or Loss Payee as required by written contract or agreement but only as respects losses arising from the operations of the Named Insured.

- \*\* If not noted on your policy, please request additional documents listing:
- 1. 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 75 Goodway Dr, Ste 1 Rochester, NY 14623



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 usny@expresswaycine.com

THORIZED REPRESENTATIVE