



SAMPLE CERTIFICATE OF INSURANCE "COI"

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 Insurance Provider Name Insurance Provider Address		CONTACT NAME: Insurance Agent PHONE (A/C, No, Ext): Insurance Agent Phone Number FAX (A/C, No): E-MAIL ADDRESS: Insurance Agent Email Address	
INSURED Your Name Your Company Name (if applicable) Your Address		INSURER(S) AFFORDING COVERAGE INSURER A: We are happy to recommend insurance carriers upon request INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: NYC-010431819-02 REVISION NUMBER: 7

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	ADDD. SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO.JECT <input type="checkbox"/> LOC OTHER:					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$					LIMIT:
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				
D	MISC. RENTED/LEASED EQUIPMENT Other deductibles may apply as per policy terms and conditions.					For Example: \$25,000 to replace

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101; Additional Remarks Schedule, may be attached if more space is required)
 Re: Equipment Rental
 Expressway Cinema Rentals, LLC is included as Additional Insured for the General Liability policy where required by written contract. Expressway Cinema Rentals, LLC is included as Loss Payee under the Miscellaneous Equipment policy but only as required by written contract or agreement with the named insured. No unattended vehicle exclusion.

Request Expressway to be listed as Additional Insured & Loss Payee **Include No Unattended Vehicle Exclusion**

CERTIFICATE HOLDER Expressway Cinema Rentals, LLC 3449 West Indiana Ave. Philadelphia, PA 19132	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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Commercial General Liability policy w/ a limit of \$1,000,000

If you're renting a vehicle you will need hired / non-owned coverage. Otherwise, you won't

Please request that your provider lists RENTED EQUIPMENT coverage with a limit that only needs to cover the total replacement costs

Coverage dates must be effective for the entirety of the rental period

INSURANCE AGENCY CHECKLIST

- Expressway Cinema Rentals must be listed as Additional Insured & Loss Payee. You will have to request this from the provider**
- A General Liability insurance policy with a limit of \$1,000,000 is required**
- You must have Rented Equipment coverage**
- The Rented Equipment limit only needs to be as much as the replacement value of the order. *See replacement value PDF**
- Ask your provider to display Rented Equipment coverage on the certificate. For some reason you will have to ask in most cases**
- Confirm coverage dates remain effective for the entire duration of the rental period**
- If you're renting one of Expressway's vehicles, you will need hired / non owned coverage. Otherwise, you won't**
- If your carrier has further questions, please put them in touch with your rental agent**