



SAMPLE FOR EDUCATIONAL USE ONLY
CERTIFICATE OF LIABILITY INSURANCE

YOURINDIE-01

RTYRREL

DATE (MM/DD/YYYY)
08/01/2022

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER License # 1234567
Los Angeles, CA - Film Insurance Services
1750 Vine St
Los Angeles, CA 90028
CONTACT NAME: James Dean
PHONE (A/C, No, Ext) (213) 111 - 1111
E-MAIL: james.dean@filminsurance.com
INSURER(S) AFFORDING COVERAGE: Alford Insurance Company
NAIC #: 12345

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, and Production Package.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Certificate Holder is included as an Additional Insured as respects the operations of the Named Insured and as Loss Payee as their interests may appear.

CERTIFICATE HOLDER CANCELLATION

Elizabeth Taylor
23000 Pacific Coast Hwy
Malibu, CA 90265
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: [Signature]

**ADDITIONAL REMARKS SCHEDULE**

| | | | |
|------------------------------------------|-----------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------|
| AGENCY Film Insurance Services | | License # 1234567 | NAMED INSURED YOUR INDIE FILM LLC, 8570 Sunset Blvd West Hollywood CA 90069 |
| POLICY NUMBER SEE PAGE 1 | | | |
| CARRIER SEE PAGE 1 | NAIC CODE SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

| | |
|------------------------------------|---------------------------------------------------------------|
| Production Package | |
| Miscellaneous Equipment | \$1,000,000 Limit/\$2,500 Deductible |
| Props, Sets & Wardrobe | \$1,000,000 Limit/\$2,500 Deductible |
| Third Party Property Damage | \$1,000,000 Limit/\$2,500 Deductible |
| Hired Auto Physical Damage | \$1,000,000 Limit/10% of loss; \$2,500 min/\$7,500 max |