Lessee must furnish Quixote Studios with a certificate of insurance naming Sunset Quixote Holdings LLC, Quixote Studios LLC, as "Additional Insured" under Lessee's Vehicle Liability and Commercial General Liability Policies and as "Loss Payee" under Renter's Comprehensive and Collision Policy.

## **Vehicle Liability:**

Must be in an amount not less than \$1,000,000 in combined single limit liability coverage

## **Auto Physical Damage:**

Certificate must name Sunset Studios Production Services as Loss Payee for physical damage to rented vehicles.

## **Comprehensive General Liability:**

Must be in an amount not less than \$1,000,000 per occurrence \$2,000,000 aggregate

## **Misc. Rented Equipment:**

Limits must equal or exceed the replacement value of rented Equipment.

## **Workers Compensation Insurance:**

Lessee shall, at Lessee's expense, maintain worker's compensation with statutory limits and employer's liability insurance during the Term with minimum limits of \$1,000,000 or as required by applicable law.

#### **Umbrella Liability:**

Must be an amount not less than \$5,000,000 each occurrence \$5,000,000 aggregate

#### **Inland Marine:**

The Inland Marine Insurance coverage shall be sufficient to cover the full replacement value of any cargo within Equipment.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) Date

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(les) 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	CONTACT Insurance Broker Name						
Your Insurance Agency/Broker Name	PHONE (A/C, No, Ext): Phone Number (A/C, No, Ext): Fax Number						
Street Address or PO BOX	E-MAIL ADDRESS: Insurance Email Address						
City ST Zip Code	INSURER(S) AFFORDING COVERAGE NAIC #						
	INSURER A: Name of Insurance Company A						
INSURED	INSURER B: Name of Insurance Company B						
Vendor Name	INSURER C: Name of Insurance Company C						
Street Address or PO Box	INSURER D: Name of Insurance Company D						
City ST Zip Code	INSURER E: All Carriers Must be Rated A- VIII or Better by A.M.						
	INSURER F: Best						
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 INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP LIMITS	LIMITS					
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$ 1,00	0,000					
	DAMAGE TO RENTED 400	000					

LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	<u> </u>	
	COMMERCIAL GENERAL LIABILITY							\$ 1,000,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000	
		-  <sub>x</sub>					MED EXP (Any one person)	\$ 5,000	
			Х	x				PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
[	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
li	X ANY AUTO			×			BODILY INJURY (Per person)	\$	
×	OWNED SCHEDULED AUTOS ONLY	Х	x				BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY		]			PROPERTY DAMAGE (Per accident)	\$		
								\$	
$\square$ ×	X UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000	
	DED X RETENTIONS 10,000							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A	x			E.L. EACH ACCIDENT	s 1,000,000		
OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE			
	res, describe under SCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s 1,000,000		
	Production Pckg/3rd Prty Prop Dmg						Limit: 2,000,000	Ded: 2,500	
	Misc Equip/Props/Sets/Wardrobe						Limit: 2,000,000	Ded: 2,500	

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

CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY OR AUTO LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE PLICY BUT ONLY AS RESPECT THEIR AGREEMENT WITH THE NAMED INSURED FOR THE RENTAL OR LEASE OF PROPS, SETS, WARDROBE, EQUIPMENT BEHICLES OR PREMISES FOR THE PRODUCTION.

SAMPLES: The Certificate Holder is included as Additional Insured as required by written contract as per forms attached (list forms). The Certificate Holder is included as Loss Payee as respects to the rented/leased equipment, vehicles or trailers.

CERTIFICATE HOLDER	CANCELLATION
Sunset Quixote Holdings, LLC Quixote Studios LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1011 N Fuller Ave West Hollywood, CA 90046	Authorized Representative Authorized Signature of Broker, Agent or Producer