



# 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).

PRODUCER Name Address Address	CONTACT NAME: Brokers's Contact information PHONE (A/C, No, Ext): Telephone      FAX (A/C, No): Fax # E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A: TBD INSURER B: TBD INSURER C: TBD INSURER D: INSURER E: INSURER F:
License#: License #	
INSURED Customer Name Address Address	

**COVERAGES**

CERTIFICATE NUMBER: 1476012828

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	ADDL INSD	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	TBD	TBD	TBD	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Excess	Y		TBD	TBD	TBD	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	Y		TBD	TBD	TBD	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Misc Rented Equipment RC, Special Form						Limit Ded

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

The Certificate Holder is hereby included as Additional Insured for claims arising out of the operations of the Named Insured where required by written contract. Coverage is also on a Primary/Non-contributory basis and a Waiver of Subrogation is included where required by Written Contract.

Certificate holder is included as additional loss payee on inland Marine / miscellaneous rented equipment coverage as their interests may appear

**CERTIFICATE HOLDER****CANCELLATION**

Scheimpflug Photo Equipment Co., LLC 162 West 21st Street, 6th Fl. New York, NY 10011	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  MUST BE SIGNED BY AGENCY ISSUING CERTIFICATE
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**REQUIREMENTS FOR THE INSURANCE CERTIFICATES  
TO BE ACCEPTABLE FOR RELEASE OF EQUIPMENT  
\*PLEASE FORWARD TO YOUR INSURANCE BROKER\***

**Description Section**

The Certificate Holder is included as Additional Insured and Loss Payee with respects to claims arising out of the operations of the named insured where required by written contract. Coverage is also on a Primary/Non-contributory basis and a Waiver of Subrogation is included. **No “unattended vehicle” exclusion.**

**Certificate Holder Section**

We need to be listed as Certificate Holders  
Scheimplug Photo Equipment Co., LLC  
162 West 21st Street, 6th Fl.  
New York, NY 10011

**Dates**

Updated Effective and Expiration dates required

**Other Section**

Miscellaneous Equipment – Special Form  
Replacement Cost.

**Policy Number**

Need to list policy number for each types of insurance

**Limits**

Insured need to list the Limit amount and Deductible

**We will not accept any certificate unless they have the “unattended vehicle” exclusion removed.**