

Insurance Requirements for Central Casting Clients

(See Sample Certificate Attached)

1. Certificate Holder

CENTRAL CASTING, ITS PARENTS, SUBSIDIARIES, RELATED AND AFFILIATED COMPANIES, ITS OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES 2950 N. Hollywood Way Burbank, CA 91505 ATTN: certs@ep.com

Certificate Holder shall be named as Additional Insured and shall receive 30 Days Notice of Cancellation or Material Change on all policies shown below. All carriers must have a Best Rating of A+ or better.

3. Commercial General Liability Insurance

Limit: \$1,000,000 Combined Single Limit per Occurrence

Forms: Blanket Contractual Coverage, Broad Form Property Damage

2. Additional Insured / Notice of Cancellation / Carrier Rating

4. Commercial Auto Liability Insurance

Limit: \$1,000,000 Combined Single Limit per Occurrence Forms: Hired, Non-Owned and Owned Auto Liability

Note: Owned Auto Liability is waived if the Production does not own vehicles.

If you have questions, please contact Robyn Ortiz at 818.955.6199, or Richard Morgan at 818.480.4252.

Certificates of Insurance can be emailed to certs@ep.com.



CERTIFICATE OF LIABILITY INSURANCE

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

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. 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 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 NAME				
	PRODUCTION COMPANY INSURANCE BROKER NAME,	PHONE (A/C, No, Ext): FAX (A/C, No):				
	ADDRESS, PHONE NUMBER AND CONTACT NAME	ADDRESS PRODUCTION BROKER 'S EMAIL ADDRESS				
		INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A: PRODUCTION INSURANCE COMPANY				
INSURED		INSURER B:				
	PRODUCTION COMPANY NAME AND ADDRESS (NAME MUST MATCH EP PAYROLL ACCOUNT SET UP)	INSURER C:				
		INSURER D:				
		INSURER E:				
		INSURER F:				

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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	NSR TR TYPE OF INSURANCE		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY	x	PRODUCTIONS POLICY	EFF	EXP	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE X DCCUR		NUMBER	DATE	DATE	MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$	1,000,000
			1 × 0 × 2 €	,		GENERAL AGGREGATE	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	1,000,000
	POLICY PRO- JECT LOC						\$	
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO	X	PRODUCTIONS POLICY	EFF	EXP	BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS		NUI	NUMBER	DATE	DATE	BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE		Red indicates it	me		AGGREGATE	\$	
	DED RETENTION \$					I NO OTATIL	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			MOST FREQUEN	TLY MIS	SED	WC STATU- OTH- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	when filling out	this for	m.	E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC							

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

TITLE OF PRODUCTION: (INSERT TITLE OF PRODUCTION HERE OR PUT "ALL PRODUCTIONS"

Coverage for "All Productions" must be indicated on certificates being used for Commercial, Development, Overall and Corporate Operations Accounts

CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED ON THE AUTO LIABILITY AND GENERAL LIABILITY COVERAGE AND WILL RECIEVE 30 DAYS WRITTEN NOTICE PRIOR TO CANCELLATION OF COVERAGE.

NOTE: This FULL TEXT must be included as Certificate Holder.

CERTIFICATE HOLDER

CENTRAL CASTING, ITS PARENTS, SUBSIDIARIES, RELATED AND AFFILIATED COMPANIES, ITS OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES 2950 N. HOLLYWOOD WAY BURBANK, CA 91505 ATTN: CERTS@EP.COM

CENTRAL CASTING, ITS PARENTS, SUBSIDIARIES, RHOULD 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

NAME OF AUTHORIZED REPRESENTATIVE

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