OTMFC INC Insurance Requirements for Rentals

In addition to the signed rental contract, you must provide evidence of the following:

General Liability - Occurrence Form

Minimum Acceptable Limits:

Per Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Fire Legal Liability	\$100,000
Medical Payments	\$5,000
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Third Party Property Damage

Minimum Acceptable Limits:

Each Occurrence	\$100,000
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Many General Liability policies exclude coverage for damage to property/locations in the care, custody or control of the named insured. If coverage is included in the general liability policy, you must reference that fact on the certificate of insurance to waive this requirement.

Automobile

Minimum Acceptable Limits: Liability CSL \$1,000,000 Hired Auto Physical Damage \$125,000 Coverage for Hired and Non Owned Automobiles

Inland Marine

Minimum Acceptable Limits: Misc. Rented Equipment \$250,000

Lower limits can be accommodated if the total value of all equipment to be used on the project is less than \$250,000. Coverage must be on a replacement cost basis including coverage while in transit and at any location. There must be no warranties or exclusions related to locked or unattended vehicles and the certificate must state this.

IF YOU HAVE A LARGER ORDER YOU NEED TO HAVE ENOUGH INSURANCE TO COVER THE EQUIPMENT YOU ARE TAKING, OTHERWISE WE WILL BE UNABLE TO RELEASE THE EQUIPMENT TO YOU.

Workers Compensation

Workers Compensation insurance covering all individuals working on the project for which the equipment is rented.

O.T.M.F.C., Inc. must be included as **ADDITIONAL INSURED** and **LOSS PAYEE**.

These coverages must be evidenced by a standard certificate of insurance issued by an authorized representative of the insurance carrier. All insurance provided must be by a company qualified to do business in the State of California. The certificate should be made out to:

OTMFC Inc, 614 Moulton Ave, Los Angeles, CA 90031 davidbaker@otmfc.com

You have to provide us with Insurance, credit card, and signed rental agreement before you can place your order. You will have Zero equipment on hold until we receive all of these docs. We need to receive them 48 hours or more prior to your shoot date to ensure we have time to get your equipment prepped. There is a possibility that we will not be able to get some items on short notice.

If you are a **Magazine** that normally only provides liability coverage on your cert, please contact davidbaker@otmfc.com to find out the replacement amount of your equipment so your Insurance agent can add that to the insurance cert. If you are renting a vehicle you also need Auto coverage.

If you are a **Corporation** who is outside of the Entertainment Industry and do not usually provide Rented Equipment coverage, please discuss it with your insurance agent, because we will specifically need that type of coverage to cover the equipment you are renting from us. Your Commercial Property Coverage only covers your desk and chairs, etc at the office, it does not cover rented equipment. You will also need Auto coverage if renting a vehicle.

You may need to purchase coverage from the company below just for your shoot.

If you are an **International company** or client, we probably will not be able to accept your insurance. We need an insurance cert from a **US Insurance company**. In addition to the Liability coverage we will need Rented Equipment coverage and Auto coverage if you are renting a vehicle..

If you need to purchase insurance for your job we recommend:

Tom Pickard & Co

https://www.tcpinsurance.com

Ą	CORD [®] CEF	RTIF	FIC	ATE OF LIA	BIL	ITY IN	ISURA			(MM/DD/YYYY) D/2014
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.										
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).										
PRC	PRODUCER CONTACT Broker/Agent Contact									
Insurance Broker/Agent for Client/Lessee				PHONE FAX (A/C, No, Ext): (A/C, No):						
Ad	dress				E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE					NAIC #
					INSURER A : Insurance Company					
INSU	JRED				INSUR	RB:Insur	ance Com	pany		
Pr	oduction Company				INSUR	RC:Insur	ance Com	pany		
(m	ust match the name on	cont	ract	and payment)	INSUR	RD:				
Ad	dress				INSURI	RE:				
					INSURI	RF:				
co	VERAGES C	ERTIF	CAT	ENUMBER:Ross				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					POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A	CLAIMS-MADE X OCCUR			XXXXXX		1/1/2014	1/1/2015	MED EXP (Any one person)	\$	5,000
		_						PERSONAL & ADV INJURY	\$	1,000,000
		_						GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- JECT LOC								\$	
								COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
B	ALL OWNED SCHEDULED			****		1/1/2014	1/1/2015	BODILY INJURY (Per accident)		
	X HIRED AUTOS X AUTOS			Hired Physical Damag	re			PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS X Phys Damage			Deductible: \$1,500.0	0			(Per accident) Hired Auto Physical Damage	\$	125,000
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	125,000
	EXCESS LIAB CLAIMS-M							AGGREGATE	\$	
								AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							X WC STATU- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY Y ANY PROPRIETOR/PARTNER/EXECUTIVE			****		1/1/2014	1/1/2015	E.L. EACH ACCIDENT	\$	1,000,000
c	OFFICER/MEMBER EXCLUDED?	N/#	•					E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000
B	Miscellaneous Equipment			****		1/1/2014	1/1/2015			
	Third Party Property DM	3		****			1, 1, 2010	Deductible - \$2,500 Limit Deductible - \$2,500 Limit		\$1,000,000 \$1,000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is included as additional insured for General Liability and Auto Liability and as Loss Payee for equipment rented/leased by the named insured. Equipment coverage is written on a replacement cost basis including coverage while in transit and at any/unnamed locations. There is no warranty or exclusion in the policies related to locked or unattended vehicles.										
CE	RTIFICATE HOLDER					CELLATION				
O.T.M.F.C., Inc. 614 Moulton Ave				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Los Angeles, CA 90031				AUTHORIZED REPRESENTATIVE						

Robert Sulzinger/ROSS

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