CERTIFICATE OF LIABILITY INSURANCE										DATE (MM/DD/YYYY) 01/01/20XX	
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											
					ndorse	ment. A stat	tement on th	is certificate does not co	onfer ri	ights to the	
certificate holder in lieu of such endorsement(s). PRODUCER CONTACT Agent's Name											
PRO	DUCER			NAME: Agent s Name							
Your Insurance Company						(A/C, No, Ext): Agent 5 Phone (A/C, No): Agent 5 Phone					
Street Address						E-MAIL ADDRESS: Agent's email					
City, State Zip Code						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A: XYZ Insurance Company					
INSURED						INSURER B :					
Your Production Company						INSURER C :					
Street Address						INSURER D :					
City, State Zip Code						La desta constante a					
						INSURER E :					
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 ADDL SUBR INSR WVD POLICY NUMBER					POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GENERAL LIABILITY							EACH OCCURRENCE	s	1,000,000	
A	X COMMERCIAL GENERAL LIABILITY	X		ABC987654321		01/01/20XX	01/01/20XX	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	s	10,000	
								PERSONAL & ADV INJURY	s	1,000,000	
					1.12		and the second s			1,000,000	
				SAN				GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						_	PRODUCTS - COMP/OP AGG	\$	1,000,000	
	POLICY PRO- JECT LOC	-						COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY			and and a second				(Ea accident)	\$	1,000,000	
Α	X ANY AUTO			ABC987654321		01/01/20XX	01/01/20XX	BODILY INJURY (Per person)	\$		
	ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	X Hired Auto Phy	sical	Dam	age					\$	125,000	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
								AUGREGATE	s		
	WORKERS COMPENSATION							WC STATU- OTH-	2		
	AND EMPLOYERS' LIABILITY Y/N							TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A	Leased or Rented Equipment			ABC987654321		01/01/20XX	01/01/20XX	Not less than the full repla			
~	Leased of Reflect Equipment			100001004021		o no nzona	0 10 1120111	equipment being rented. I exclusions are not accepta			
								deductible amount of the o			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
		_	_								
	Leased/rented equipment is covered										
	is listed as loss payee as their interest general liability coverage.	sis m	ay ap	opear in leased/rented equ	npmen	i. Red Star P	ictures is har	ned as additional insured	a with r	espect to	
	general navinty coverage.										
CE	RTIFICATE HOLDER				CANC	ANCELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
	Red Star Pictures, LLC	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
4487 Robertson Rd					ACCORDANCE WITH THE POLICI PROVISIONS.						
	Madison, WI 53714		AUTHORIZED REPRESENTATIVE								
	608-249-5272 Fax 608-234-5035										
Fax 608-234-5035											
1											

ACORD 25 (2010/05) INS025 (201005).01 © 1988-2010 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks dPACORD 87d413cb30800e404c8b70b4343e9322081