

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 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).		CONTACT VVVVVV				
PRODUCER Broker Name and Mailing Address		NAME: AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA				
		(A/C, No, Ext): (000) 000 0000 (A/C, No):				
		ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
		INSURER(S) AFFORDING COVERAGE				NAIC #
		INSURER A : XXXXXXXXXXXX				00000
INSURED		INSURER B :				
Renter's Name and Mailing Address		INSURER C :				
		INSURER D : INSURER E :				
	INSURER F :					
COVERAGES CERTIFICATE	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 INSR POLICY EFF POLICY EFF POLICY EXP						
LTR TYPE OF INSURANCE INSD WVD	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIM	TS	
	xxxxx	0/00/0000	0/00/0000	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR				PREMISES (Ea occurrence)	\$	100,000
				MED EXP (Any one person)	\$	5,000
				PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$	1,000,000
OTHER:					\$	
	xxxxx	0/00/0000	0/0/0000	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ANY AUTO	HIRED AUTO PHYSICAL D	AMAGE :		BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED	\$125,000 LIMIT (ACTUA	L CASH VALUE)		BODILY INJURY (Per accident) \$	
AUTOS AUTOS \$ 0,000 DEDUCTIBLE				PROPERTY DAMAGE (Per accident)	\$	
	d when vehicles an	re rented.		\$		
A X UMBRELLA LIAB X OCCUR	xxxxx	0/00/0000	0/00/0000	EACH OCCURRENCE	\$	2,000,000
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	2,000,000
CLAINIS-WADE				AGGREGATE		2,000,000
DED X RETENTION \$ 10,000 WORKERS COMPENSATION Image: Compension of the second sec				PER OTH-	\$	
AND EMPLOYERS' LIABILITY Y / N			ONNOTE ER	-		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYE		
DÉSCRIPTION OF OPERATIONS below	xxxxx	0/00/0000	0/00/0000	E.L. DISEASE - POLICY LIMIT	\$	
A MISCELLANEOUS RENTED EQUIPMENT;		0,00,000	0,00,000		<mark>\$</mark>	000,000
SPECIAL FORM, TRANSIT, WORLDWIDE;	ty Property Damage is	required when re	nting studi	DEDUCTIBLE	\$	0,000
LEGAL LIABILITY ON RENTED EQUIPMENT Third Party Property Damage is required when rehting studip.						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THE CERTIFICATE HOLDER IS INCLUDED AS LOSS PAYEE ON THE PROPERTY POLICY AND AS AN ADDITIONAL INSURED ON THE GENERAL LIABILITY POLICY AS RESPECT CLAIMS ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED FOR THE MAINTENANCE, OPERATION OR USE OF THE EQUIPMENT BY THE NAMED INSURED. NO UNATTENDED VEHICLE EXCLUSION.						
CERTIFICATE HOLDER						
	CANCELLATION	CANCELLATION				
Apollo Lighting & Grip 790 Wickerberry Knoll Roswell, GA 30075	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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