SIGHT & SOUND
PRODUCTIONS

2188 Kamehameha Hwy,
Honolulu, HI, 96819
aloha@sightandsoundhawaii.com
(808) 599-7600

CERTIFICATE OF INSURANCE REQUIREMENTS

BEFORE EQUIPMENT IS RELEASED
Customer must provide a Certificate of Insurance (COI) or other evidence of coverage reasonably satisfactory to Sight & Sound before Equipment is released. Only U.S. or Canadian insurance is accepted unless Sight & Sound approves otherwise in writing.

REQUIRED COVERAGE
Commercial General Liability: Limits of not less than **$1,000,000**, unless otherwise agreed in writing.
Name **Sight & Sound Productions, LLC as an Additional Insured** where applicable.

Rented Equipment: Insurance reasonably sufficient to cover the applicable risks and **full replacement value** of the rented Equipment while it is in Customer's care, custody, or control. Name **Sight & Sound Productions, LLC as Loss Payee** for the applicable replacement value.

Vehicles, Generators & Trailers: When renting or using vehicles, generators, trailers, or similar Equipment provided by Sight & Sound, maintain applicable automobile, bodily injury, property damage, comprehensive, collision, and/or other coverage as reasonably required by Sight & Sound. Automobile liability must have combined limits of at least **$1,000,000**, unless otherwise agreed in writing. Where required by Sight & Sound, physical damage coverage must be sufficient to cover the property's **replacement value**.

PLEASE MAKE COIs OUT TO:

SIGHT & SOUND PRODUCTIONS, LLC
2188 Kamehameha Hwy
Honolulu, HI 96819

COVERAGE PERIOD & OTHER INSURANCE TERMS
Customer's responsibility begins upon pickup or delivery and ends after Equipment has been returned and inspected by Sight & Sound, ordinarily within three (3) business days. Unless otherwise agreed in writing, Customer is also responsible for Equipment during shipment. Maintain the required coverage while Equipment is in Customer's care, custody, or control. Any required notice of cancellation or material modification must be provided in accordance with the applicable insurance policy provisions. A commercially reasonable self-insurance program may satisfy some or all insurance requirements **only with Sight & Sound's prior written approval**. Customer remains responsible for its obligations under the Agreement regardless of whether an insurer provides, delays, denies, limits, or disputes coverage.

DAMAGED, LOST OR UNRETURNED EQUIPMENT
Customer is responsible for reasonable repair costs for actual, verifiable damage beyond ordinary wear and tear, and for replacement costs if Equipment is lost, stolen, destroyed, confiscated, not returned, or damaged beyond economical repair while in Customer's care, custody, or control. Responsibility excludes loss or damage to the extent caused by a pre-existing condition, hidden or latent defect, or the negligence or willful misconduct of Sight & Sound, its employees, or contractors. Replacement cost is the commercially reasonable cost of equivalent Equipment in new condition, when available, plus reasonable freight, shipping, customs, taxes, and other costs necessary to restore equivalent Equipment to rental inventory. Discontinued, vintage, rare, one-of-a-kind, or otherwise irreplaceable Equipment is valued at commercially reasonable current market value. Sight & Sound may provide reasonable supporting documentation upon request. Amounts due must be paid within **fifteen (15) days of invoice or written demand**, unless otherwise agreed; payment may not be delayed while awaiting insurance reimbursement. Customer is also responsible for reasonable loss-of-rental charges while Equipment is unavailable due to Customer-responsible damage or loss. Acceptance of returned Equipment does not waive claims for damage discovered during the normal inspection process, including latent damage reasonably discovered after return.

This page summarizes the insurance requirements and related responsibilities in the Rental & Service Agreement.
Refer to the full Agreement and applicable order documents for complete terms.

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SAMPLE COI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/9/2014

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.

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: Mrs. Professional Broker
My Brokerage 1 Broker Lane Brokerageville CA 12345	PHONE (A/C, No, Ext): (818)555-1212 FAX (A/C, No): (818)555-1213 E-MAIL ADDRESS: msbroker@mybroker.age
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: PowerfulIns. Co — 12301
INSURED My Production Company 100 Maserati Avenue Exterior CA 12354	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:14-15** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC			55533322	1/8/2014	1/8/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ Included $ 10,000 $ 1,000,000 $ 2,000,000 $ Included
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [X] Hired Auto PD			55ABCD555 Hired Auto Phys Dmg Limit : $125,000 ACV COMP DED $1,000 COLL DED $1,000	1/8/2014	1/8/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			555-5553	1/8/2014	1/8/2015	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	MISC EQUIPMENT OWNED / RENTED			55ABCD555	1/8/2014	1/8/2015	LIMIT $1,000,000 R/C SPECIAL FORM	DED $1,000

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

CERTIFICATE HOLDER

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CANCELLATION

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

Sample Only - Not Valid

Broker Name

Sample
Not Valid

ACORD 25 (2010/05)
INS025 (201005) 01

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