

Lessee must furnish Lessor with a certificate of insurance naming Quixote Studios, LLC, and Sunset Studios Production Services, LLC as “Additional Insureds” under Lessee’s Vehicle Liability and Commercial General Liability Policies and as “Loss Payee” under Lessee’s Comprehensive and Collision Policy.

Vehicle Liability:

Must be in an amount not less than \$1,000,000 in combined single-limit liability coverage.

Auto Physical Damage:

Certificate must name Quixote Studios, LLC and Sunset Studios Production Services, LLC as Loss Payee for physical damage to rented vehicles.

Comprehensive General Liability:

Must be in an amount not less than
\$1,000,000 per occurrence
\$2,000,000 aggregate

Misc. Rented Equipment:

Limits must equal or exceed the replacement value of rented Equipment.

Workers Compensation Insurance:

Lessee shall, at Lessee’s expense, maintain worker’s compensation with statutory limits and employer’s liability insurance during the Term with minimum limits of \$1,000,000 or as required by applicable law.

Umbrella Liability:

Must be an amount not less than
\$5,000,000 each occurrence
\$5,000,000 aggregate

Inland Marine:

The Inland Marine Insurance coverage shall be sufficient to cover the full replacement value of any cargo within Equipment.

Quixote Studios, LLC

1011 N. Fuller Ave
West Hollywood, CA 90046 | 323-851-5030

Sunset Studios Production Services, LLC

14002 Balboa Blvd
Sylmar, CA 91342



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/21/2022

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 Your Insurance Agency/Broker Name Street Address or P.O. Box City ST Zipcode	CONTACT NAME: Insurance Broker Name PHONE (A/C, No, Ext): Phone Number FAX (A/C, No): Fax Number E-MAIL ADDRESS: Insurance Broker Email Address																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Name of Insurance Company A</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Name of Insurance Company B</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td>Name of Insurance Company C</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td>Name of Insurance Company D</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td>All Carriers Must be Rated A- VIII or Better by A.M.</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td>Best</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Name of Insurance Company A		INSURER B:	Name of Insurance Company B		INSURER C:	Name of Insurance Company C		INSURER D:	Name of Insurance Company D		INSURER E:	All Carriers Must be Rated A- VIII or Better by A.M.		INSURER F:	Best
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INSURED Vendor Name Street Address or P.O. Box City ST Zip Code																					

COVERAGES **CERTIFICATE NUMBER: SAMPLE SPECIMEN** **REVISION NUMBER: SAMPLE SPECIMEN**

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
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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 \$ 1,000,000
	POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/>						\$
	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/>	HIRED AUTOS	<input checked="" type="checkbox"/>					PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS						\$
<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB						AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>				E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	PRODUCTION PCKG						Limit: 2,000,000 Ded: 2,500
	3RD PARTY PROP DAMAGE						Limit: 2,000,000 Ded: 2,500
	Misc Equip/Props/Sets/Wardrobe						Limit: 2,000,000 Ded: 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY OR AUTO LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTIONS PACKAGE POLICY BUT ONLY AS RESPECT THEIR AGREEMENT WITH THE NAMED INSURED FOR THE RENTAL OR LEASE OF PROPS, SETS, WARDROBE, EQUIPMENT, VEHICLES OR PREMISES FOR THE PRODUCTION.

SAMPLES: The Certificate Holder is included as Additional Insured as required by written contract as per forms attached (list forms).
The Certificate Holder is included as Loss Payee as respects to the rented/leased equipment, vehicles or trailers.

CERTIFICATE HOLDER

CANCELLATION

Sunset Studios Production Services, LLC. 14002 Balboa Blvd. Sylmar, CA 91342 Quixote Studios, LLC 1011 North Fuller Avenue West Hollywood, CA 90046	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 Authorized Representative (Producer, Agent or Broker)
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