



INSURANCE INFORMATION FOR RENTERS

~ A sample certificate is attached ~

- **ALL** renters from Jauchem & Meeh must have liability insurance, and issue us with a certificate before the equipment is due to leave our shop. You may fax a copy to (718) 596-8329 or email a .pdf or a .doc to info@jmfx.net.
- The Insured party on the certificate [see **A** on example] should match your customer name and address on our rental agreement. If you are the renter, and a third party is providing the insurance, your company name and event must be clearly stated in the notes section of their certificate to us, i.e. “as respects to Blog Productions Job #422 at Pier 59, August 13th and August 14th 2003”.
- The Certificate Holder at the bottom of the certificate [see **B** on example] should be Jauchem & Meeh, Inc. d/b/a J&M Special Effects 524 Sackett Street, Brooklyn NY 11217.
- Policy expiration dates [see **C** on example] must be later than return dates on our rental agreement.
- Liability coverage [see **D** on example] must be for a minimum of \$1,000,000 for each occurrence.
- The **ONLY** circumstance in which liability insurance may not be required is if you are hiring personnel from J&M who will deliver, pick up and be in sole charge of our equipment at all times during the rental.

Liability Insurance

Jauchem & Meeh d/b/a J&M Special Effects must be named as additionally insured on your liability policy. [See **E** on example]

Liability insurance is designed to protect you from any personal injury or third party property claims that may arise as a result of an accident at your event. We ask to be named as additionally insured on your certificate so that we won't be held liable for any accident involving our equipment while it's out of our control (i.e., if an equipment case falls on someone's foot, or someone's car is dented).

Loss Payee Insurance

Our rental equipment has a replacement value which is noted in your rental agreement. In addition to your rental payment, you must provide a deposit to cover the full value of the rental, should any damage to or loss of our equipment occur. You may leave a check or credit card deposit for the full total, or you have the option to provide loss payee insurance and only give us a deposit for what the insurance company doesn't cover.

On the same certificate that is issued to us for liability, most renters show equipment coverage under the 'Other' section of the certificate.[see **F** on example] The limit of coverage and the deductible is shown at the right. In the notes section, where we are named as 'additionally insured', we should also be named as 'loss payee' [see **G** on example].

See attached example certificate: If this company's rental package had a replacement value of \$10,000, we would accept the certificate plus a \$5,000 deposit [see **H** on example] to cover the theft deductible.

If you have any questions or problems regarding these instructions, please feel free to contact us, or your insurance broker may contact us directly at the number(s) above.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/18/2004

PRODUCER
Renters Agent Name
Agent Address
City, ST 99999

FAX

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED **Renters Company Name**
A Renter Address
City, ST 99999

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Renters Insurance Company Name	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	POLICY #	EFF Date	EXP Date	EACH OCCURRENCE \$ D 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Inland Marine F	POLICY #	EFF Date	EXP Date	\$Amount Property of Others; RC; "Special" Form; H \$Amount Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
The below referenced certificate holder is afforded additional insured status with respect to the above General Liability coverage and loss payee status with respect to the above Inland Marine coverage for equipment rented to the named insured. **G**

CERTIFICATE HOLDER

CANCELLATION

B
Your Name
Your Address
Your City, ST 12345

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE
Renters Agent Signature