

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/10/2019

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 have ADDITIONAL INSURED provisions or 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 Renters Agent Name Agent Address City, State Zip Code | CONTACT NAME: Craig Boswell PHONE (A/C, No, Ext): (212) 490-8511 E-MAIL ADDRESS: cboswell@taylorinsurance.com | FAX (A/C, No): (212) 490-7236 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Renters Company Name Renter Address City, State Zip Code | INSURER A: American Insurance Company | NAIC # 21867 |
| | INSURER B: Federal Insurance Company | 20281 |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|------------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | XXC80518687 | 02/12/2019 | 02/12/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | XXC80515687 | 02/12/2019 | 02/12/2020 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | 79541354 | 02/12/2019 | 02/12/2020 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N N/A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| B | MISC. RENTED EQUIPMENT -Special Form/ Worldwide | | | 79935068 | 06/12/2018 | 06/12/2019 | LIMIT \$ 500,000 DEDUCTIBLE \$ 1,500 Replacement Cost |

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

Certificate Holder is included as Loss Payee on the Property policy and as Additional Insured on the General Liability policy with respect to claims arising out of the negligence of the Named Insured for the maintenance, operation or use of equipment by the Named Insured.

CERTIFICATE HOLDER**CANCELLATION**

| | |
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| Jauchem & Mesh dba J&M Special Effects 524 Sacket Street Brooklyn NY 11217 | 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  |
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