

CERTIFICATE OF LIABILITY INSURANCE

DATE	(MM/DD/YYYY)
XX	/XX/XXXX

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:	
XXXXXXXXXXXXXXX	PHONE FAX (A/C, No, Ext): (A/C, No):	
XXXXXXXXXXXXXXXX	E-MAIL ADDRESS:	
VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	INSURER(S) AFFORDING COVERAGE	NAIC #
XXXXXXXXXXXXXXX	INSURER A: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
INSURED	INSURER B:	
XXXXXXXXXXXXXX	INSURER C:	
XXXXXXXXXXXXXX	INSURER D:	
	INSURER E :	
XXXXXXXXXXXXXX	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 TYPE OF INSURANCE		ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
LIK	GENERAL LIABILITY	INSR WVD					000
X	GENERAL LIABILITY		XXXXXXXX	XXXX	XXXX	EACH OCCURRENCE \$ 1,000 DAMAGE TO RENTED	<u>,000 </u>
	X COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence) \$ 100	.000
	CLAIMS-MADE X OCCUR						,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 PRO- JECT LOC					\$	
Χ	AUTOMOBILE LIABILITY		XXXXXXXXX	XXXX	XXXX	COMBINED SINGLE LIMIT (Ea accident) \$ 1.000	0.000
	ANY AUTO					BODILY INJURY (Per person) \$,
	ALL OWNED SCHEDULED AUTOS AUTOS		(DEOLUDED ONLY)			BODILY INJURY (Per accident) \$	
	X HIRED AUTOS NON-OWNED AUTOS		(REQUIRED ONL)	r IF		PROPERTY DAMAGE (Per accident) \$	
			VEHICLES ARE R	ENTED.)		\$	
	UMBRELLA LIAB OCCUR			ĺ ,		EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	
	DED RETENTION \$					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$	
						E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	
X	MISC EQUIP/TRANSIT;		XXXXXXXX	XXXX	XXXXX	LIMIT	
	SPECIAL FORM;					DEDUCTIBLE	
	WORLDWIDE: REPLACE	MENT	COST				

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

THE CERTIFICATE HOLDER IS INCLUDED AS A LOSS PAYEE UNDER THE PROPERTY POLICY AND AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY POLICY AS RESPECTS CLAIMS ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED FOR THE MAINTENANCE, OPERATION OR USE OF THE EQUIPMENT BY THE NAMED INSURED. THE POLICIES DO NOT INCLUDE AN UNATTENDED VEHICLE EXCLUSION.

CERTIFICATE HOLDER	CANCELLATION
HAND HELD FILMS, INC. 129 WEST 27TH STREET STOREFRONT	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
NEW YORK, NY 10001	AUTHORIZED REPRESENTATIVE
	1

© 1988-2010 ACORD CORPORATION. All rights reserved.

SIGNATURE