



Aperture Studios Miami

INSURANCE REQUIREMENTS

Aperture Professional Supply requires a certificate of insurance on all orders valued over \$5,000.00.

All insurance certificate must include as follows:

Additional Remarks:

Certificate Holder is included as Additional Insured and Loss Payee. Includes a Waiver of Subrogation on the Workers Compensation.

Coverage is Primary and Non-contributory.

Miscellaneous Equipment does not include an Unattended Vehicle Theft Exclusion.

Certificate Holder: **Aperture Professional Supply, Inc., Aperture Studios Miami, Inc.**
 385 NE 59th St.
 Miami, Florida 33137
 P. 305.759.4327

SITUATIONAL REQUIREMENTS

Studio Rental Requirements:

1. Commercial General Liability
 - a. Minimum \$1,000,000.00 each occurrence
 - b. Minimum \$1,000,000.00 general aggregate
2. Worker's Compensation with statutory limits, including employer's liability

Vehicle Rental Requirements:

1. Automobile Liability (Coverage for Hired Autos Only and Non-Owned Autos Only)
 - a. Minimum \$1,000,000.00 Combined Single Limit

Equipment Rental Requirements:

1. Other miscellaneous Equipment Rental
 - a. Minimum based off of rented equipment's replacement cost.
2. Third party property damage (Please note deductible)

We also accept American Express, MasterCard, Visa and Cash as a security deposit for full value of the equipment. We do not accept checks or debit cards.

Blue = Must be on all Certificates
 Pink = Equipment Rental Requirements
 Yellow = Studio Rental Requirements
 Green = Van/Truck Rental Requirements



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2023

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		CONTACT NAME: Account Representative	
Taylor & Taylor, Ltd. Taylor & Taylor Associates, Inc. 271 Madison Avenue, 5th Floor New York, NY 10016		PHONE (A/C, No, Ext): 212-490-8511	FAX (A/C, No): 212-490-7236
		E-MAIL ADDRESS: email@sample.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: ABC Insurance Company	NAIC # 12345
INSURED		INSURER B:	
PRODUCTION COMPANY USA 1 MAIN STREET YOUR TOWN, USA		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:	X		11111	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> 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	X		22222	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> 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	33333	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> MISCELLANEOUS RENTED EQUIPMENT <input checked="" type="checkbox"/> THIRD PARTY PROPERTY DAMAGE (Special Form, Replacement Cost or Legal Liability* Worldwide)			44444 44444	MM/DD/YY MM/DD/YY	MM/DD/YY MM/DD/YY	\$1,000,000 Limit / \$2,500 Deductible \$1,000,000 Limit / \$1,500 Deductible (*Actual Cash Valuation on Automobiles.)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is included as Additional Insured and Loss Payee. Includes a Waiver of Subrogation on the Workers Compensation.
 Coverage is Primary and Non-contributory.
 Miscellaneous Equipment does not include an Unattended Vehicle Theft Exclusion.

CERTIFICATE HOLDER	CANCELLATION
Aperture Professional Supply, Inc., Aperture Studios Miami, Inc. 385 NE 59th Street Miami FL 33137	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-----

At no time will Aperture Professional Supply Inc. be held responsible for the actions of any persons not in their employ. It is understood the "Insured" will be responsible for the actions of the photographer, client and crew. Any additional fees incurred will be charged to compensate Aperture Professional Supply Inc. for liability exposure. The 'insured' agrees to pay on behalf of, defend, indemnify and save harmless Aperture Professional Supply Inc. against any and all claims, suits or actions arising during the terms of the agreement for any personal injury, loss of life or damage to property, sustained by reason or as result of the organizations agents, employees or workmen carelessness or negligence: or in any way connected with the use, operation or possession of equipment rented from Aperture Professional Supply Inc. .By anyone during the rental period from any judgments, decrees which may be entered thereon: and from and against all costs, attorney fees, expenses and liabilities incurred in the defense of any such claims, in the investigation thereof. 'Insured' and its client are solely responsible for any equipment rented and/or all wardrobe or valuables left overnight in the studio or surrounding facility.