

# LOST POSSUM

## Lost Possum Radio Rentals – Insurance Requirements

All renters of Lost Possum radio equipment are required to provide proof of insurance before equipment can be released. The following requirements must be met:

### Required Coverage

- Certificate of Insurance (COI) naming Rob Davis Photography LLC dba Lost Possum as both Additional Insured and Loss Payee.
- Waiver of Subrogation
- Rented Equipment / Inland Marine coverage equal to the full replacement value of rented gear.
- General Liability coverage of at least \$1,000,000 per occurrence.

### Certificate Logistics

- COI must be issued directly by the insurer.
- Insurer must provide at least 30 days' notice of cancellation or material change.
- Proof of coverage must be provided before equipment release.

### Lessee Responsibility

- Lessee is responsible for all rental charges, loss, theft, or damage until Lessor has been made whole, even if an insurance claim is pending.
- A valid credit card must also be kept on file and may be charged immediately if equipment is lost, stolen, damaged, or returned late.

### Submission

COIs should be sent directly from your insurer to: [rob@lostpossum.com](mailto:rob@lostpossum.com)

**Lessee must have proof of BOTH Rented Equipment AND Liability coverage. See next page for sample certificate of liability insurance.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**TODAY'S DATE**

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).

<b>PRODUCER</b> <b>Broker Name</b> <b>Broker Address</b> <b>Broker City, State</b>	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>Broker Phone #</b> FAX (A/C, No): <b>Broker Fax #</b> E-MAIL ADDRESS: <b>Broker Email</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A: <b>Insurance Company Name A</b> <b>#####</b> INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
<b>INSURED</b> <b>Production Company Name</b> <b>Production Company Address</b> <b>Production Company City, State</b>	

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		#####	01/01/2020	01/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>1,000,000</b>
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ <b>1,000,000</b>
						PRODUCTS - COM/PROP AGG	\$
							\$
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

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

**Certificate Holder, its Parent, Subsidiaries, Related and Affiliate Companies, its Officers, Agents and Employees are named as Additional Insured for General Liability and Auto Liability.**

**These policies are primary and non-contributory to any other insurance available to the certificate holder.**

**A waiver of subrogation applies in favor of the certificate holder.**

<b>CERTIFICATE HOLDER</b>  <b>Rob Davis Photography dba Lost Possum</b> <b>707 Lebeau St.</b> <b>Arabi, LA 70032</b>	<b>CANCELLATION</b> 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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