



# A-1 MEDICAL INTEGRATION

## CERTIFICATE OF INSURANCE (COI) REQUIREMENTS

In most cases a COI is required for you to rent from A-1 Medical. The certificate must include the following:

- **A-1 Medical Integration** should be listed as the *Additional Insured / Loss Payee*
- **7344 Laurel Canyon Blvd. North Hollywood, CA 91605**
- **General Liability Coverage**
- **Props/Sets/Wardrobe Coverage** should be listed as a specific line item
- **Total Coverage Amount** for each of the above
- **Deductible Amount** (If none, then a \$0 deductible must be listed)

CERTIFICATE OF LIABILITY INSURANCE EXAMPLE								
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 (Usually the name of the insurance grantor)				CONTACT NAME: (Applicable Contact Info)				
				PHONE (A/C, No, Ext):		FAX (A/C, No):		
				E-MAIL ADDRESS:				
				INSURER(S) AFFORDING COVERAGE		NAIC #		
INSURED (Name of Production Company that is renting from A-1)				INSURER A: (Name of Insurance Provider)		#		
				INSURER B:				
				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/SUBR INSR	WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>			#	(Date Start)	(Date End)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ (min.) \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					MED EXP (Any one person)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE
							PRODUCTS - COM/POP AGG	\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB EXCESS LIAB</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE MEMBER EXCLUDED? (Mandatory in NH)			N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
	Third Party Property Damage						E.L. DISEASE - POLICY LIMIT	\$
A	Misc.Equip. Props/Sets/Wardrobe	<input checked="" type="checkbox"/>		#	(Date Start)	(Date End)	Limit \$(min.) \$1,000,000	Deductible \$
							Limit \$(min.) \$1,000,000	Deductible \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
Certificate Holder is included as Additional Insured under the Gernal Liability and with respect to Props, Sets, Wardrobe or Equipment rented or leased by the named insured, The Production:								
CERTIFICATE HOLDER				CANCELLATION				
A-1 MEDICAL INTEGRATION 7344 LAUREL CANYON BLVD NORTH HOLLYWOOD, CA 91605 818-753-0319				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				
				(Signature)				

**Just a reminder, for productions paying by credit card:** A deposit amount (no more than the value of the deductible) will be placed on a credit card hold until all items are safely returned, at that time the hold will be released.

**If you need a COI we recommend [InsureMyEquipment.com](http://InsureMyEquipment.com)**

Enter A1 Medical under 'Where did you hear about us' to receive the best rate.