



Magnetic Image Video

129 Jordan Street San Rafael, California 94901
www.mivideo.com email: cael@mivideo.com
Phone: 415-456-7900 Fax: 415-485-3874

Note: Proof of Worker’s Compensation must be listed for all contracted crew.

INSURANCE REQUIREMENT FORM

For _____

The following must be shown on your certificate:

Property Coverage*

-Replacement Cost Coverage on all equipment brought on Magnetic Image Video shoot.
Waiver of Subrogation for the above equipment.

-Replacement Cost Coverage in the amount of \$_____.00 for equipment rented from Magnetic Image Video.

In addition to the foregoing this Certificate must contain:

-A 10 day Notice of Cancellation (minimum).

-Magnetic Image Video named as **Additional Insured** under General and Automobile Liability and **Loss Payee** under Miscellaneous Equipment and Automobile Physical Damage.

-Provision that these coverages are primary and not contributing.

-Magnetic Image Video reserves the right to require a deposit in the amount of your policy deductible.

*Note: The limit of insurance for property is usually written on a per occurrence basis with a co-insurance requirement. It is essential that the limit of property coverage you carry equal the TOTAL of all the rented equipment you are using on your production. If your coverage is inadequate you will be responsible for the difference between the covered amount and the actual loss. This will be in addition to any applicable deduction.

<u>Commercial General Liability</u>	<u>Occurrence Form</u>	<u>Limits-</u>
General Aggregate	\$1,000,000	
Products- Comp/Ops	\$1,000,000	
Pers & Advt Injury	\$1,000,000	
Each Occurrence	\$1,000,000	

**Important: Proof of insurance MUST be received 48 hours in prior to rental date.
Please fax and mail to Magnetic Image Video 415-485-3874 fax**