



# CERTIFICATE OF LIABILITY INSURANCE

OP ID:

DATE (MM/DD/YYYY)

01/01/2017

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> Tom C. Pickard & Co., Inc. 820 Pacific Coast Hwy Hermosa Beach, CA 90254 Barbara Whittaker		<b>CONTACT NAME:</b> Certificate Dept. <b>PHONE (A/C, No, Ext):</b> 310-379-7788 <b>FAX (A/C, No):</b> 310-318-9840 <b>E-MAIL ADDRESS:</b> certs@tcpinsurance.com <b>PRODUCER CUSTOMER ID #:</b>	
<b>INSURED</b> Client's Name Address Line 1 City, State Zipcode		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Insurance Company Name INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X		SPP012345678	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	<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"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	MISCELLANEOUS RENTED EQUIPMENT	X		SPP012345678	01/01/2017	01/01/2018	\$500 DED. \$100,000 Limit (Or up to Rented Amount)

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

Certificate Holder is named as additional insured and loss payee.

The coverage on Miscellaneous Rented Equipment is replacement cost, special form unattended vehicle exclusion does not apply to this policy

**CERTIFICATE HOLDER****CANCELLATION**

<b>FOTO CARE, LTD</b> 43 W. 22ND STREET NEW YORK, NY 10010	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 <i>Tom C. Pickard</i>
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**REQUIREMENTS FOR THE INSURANCE CERTIFICATES  
TO BE ACCEPTABLE FOR RELEASE OF EQUIPMENT**

**\*PLEASE FORWARD TO YOUR INSURANCE BROKER\***

***In the Description Section...***

Certificate Holder is included as Loss Payee on the Package Policy and Additional Insured on the General Liability policy with respects to claims arising out of the operations of the named insured for the maintenance, operation or use of the equipment by the named insured.

***Certificate Holder Section***

We need to be listed as Certificate Holders  
Foto Care Ltd.  
43 West 22<sup>nd</sup> Street  
New York, NY 10010

***Dates***

Updated Effective and Expiration dates required

***In the OTHER Section***

Miscellaneous Equipment – Special Form  
Replacement Cost.

***Policy Number***

Need to list policy number for each types of insurance

***Limits***

Insured need to list the Limit amount and Deductible

**We will not accept any certificate unless they have the “unattended vehicle” exclusion removed.**

If you have any questions, please do not hesitate to call us. Thank you for your business.