

Certificate of Insurance — required wording

Hand this page to your broker. Copy the Certificate Holder block exactly as written.

Certificate holder / Loss Payee / Additional Insured

Hudson Valley Cinema Rentals (a KWM3DIA company)
Wappingers Falls, NY 12590
United States

The certificate must name the entity above as **Loss Payee** and **Additional Insured** with respect to rented equipment.

Coverage requirements

1. Certificate holder: Hudson Valley Cinema Rentals, Wappingers Falls, NY 12590
2. Named as Loss Payee AND Additional Insured
3. Rented equipment coverage $\geq$ total replacement value of your order (we list it on your invoice)
4. General liability $\geq$ \$1,000,000 per occurrence
5. Policy dates that cover your full rental window, including delivery and return days
6. Short-term production policies (Athos, Front Row, Film Emporium, etc.) are accepted

Sample description of operations

"Rented cinema camera, lens, lighting and wireless equipment per rental agreement. Hudson Valley Cinema Rentals (a KWM3DIA company) is included as Loss Payee and Additional Insured with respect to the rented equipment for the policy period shown."

Where to send it

Email the certificate to **Hvcinemarentals@gmail.com** or upload it at checkout / in your production portal. Certificates are reviewed same business day; a valid COI waives the security deposit.