



PRG's Insurance Requirement for Rental Equipment and Services USA

Prior to the release of rental Equipment and/or Services, Clients must provide PRG with a Certificate of Insurance evidencing the following levels of coverage:

- **Commercial General Liability:** Commercial General Liability insurance covering broad form contractual liability, personal injury liability, advertising injury, completed operation and product liability, with a limit of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate. General Liability coverage may increase depending on the services provided and the usage of the rental equipment.
- **Worker's Compensation (Evidence Only):** Worker's Compensation Insurance with statutory benefits as required by any state or federal law and employer liability insurance with a limit of not less than \$500,000 and shall include a waiver of subrogation.
- **Business Automobile Liability:** Required if Equipment is being transported or unloaded by Client, Business Auto Liability Insurance with a limit of not less than \$500,000 per each occurrence.
- **Property Coverage Insurance:** Property Coverage Insurance covering miscellaneous equipment that is sufficient to cover the full replacement cost of the Equipment. Please include the limits and the deductible of the insurance. Property coverage may come in the following forms: All Risk Policy, Entertainment Package, Inland Marine Coverage, Hired In Equipment, Business Personal Property of Others, Third Party Property, Rented Production Equipment or Rented/Leased Equipment.
- If PRG is only providing Services (labor, crew, technician or consultation) without Equipment, property covered for Equipment is not required.
- **Excess Liability:** Excess Liability may be provided as supplement insurance to fulfill insufficient coverages for Commercial General Liability, Worker's Compensation, and Business Automobile Liability.
- **If Equipment is leaving the United States of America:** Full unrestricted worldwide coverage is needed inclusive of the United States of America and the country(ies) in which clients will be entering. Please contact Credit for additional information.

Required Languages for Client's Insurance Certificates:

Production Resource Group, LLC is an additional insured on a primary and non-contributory basis with respect to general liability and auto liability. Waiver of Subrogation is granted in favor of Production Resource Group, LLC with respect to general liability, automobile liability, and workers' compensation. Production Resource Group, LLC is loss payee as it relates to rented/leased equipment.

The Certificate Holder should be listed as:

Production Resource Group, LLC
539 Temple Hill Road
New Windsor, New York 12553-5533

Please let us know if you have any questions and please email a copy of the Certificate of Insurance to PRG_US_Credit@prg.com.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have **ADDITIONAL INSURED** provisions or 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 Insurance Agent/Broker Name Insurance Agent/Broker Street Address or P.O. Box Insurance Agent/Broker City, State & Zip Code Contact & Phone Number	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Customer Name Customer Address City, State, Zip	INSURER A: Name of Insurance Company	Enter NAIC#
	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 INSD	SUBR VWR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR General Liability. Occurrence box needs to be checked.	X	X	ADD'L INSRD needs to be checked, if required by contract		XX/XX/20XX	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY If the customer does not own any autos, liability for hired and non-owned autos should still be provided. This can be done by endorsement on the GL policy. GL policy must specify auto coverage to be accepted.					XX/XX/20XX	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB Excess is required only when General, Employers' or Auto liability limits do not meet the requirements. These can be combined for compliance consideration.					X/20XX	EACH OCCURRENCE \$ AGGREGATE \$ \$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Workers' Compensation & Employers' Liability if Customer has employees and/or contractors.			xx99999		XX/20XX	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Rented/Leased equipment			Policy Number		Effective Dates	Policy Limit

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

Production Resource Group, LLC is an Additional Insured on a primary and non-contributory basis with respects to General Liability and Auto Liability. Waiver of Subrogation is granted in favor of Production Resource Group, LLC with respects to General Liability, Automobile Liability and Workers' Compensation. Production Resource Group, LLC dba is loss payee as it relates to the rented/leased equipment.

The certificate of insurance should contain this language under the description.

CERTIFICATE HOLDER **CANCELLATION**

Production Resource Group, LLC 539 Temple Hill Road New Windsor NY 12553-5533	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 Certificate should be signed by an authorized broker representative.
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