



RENTALS | PRODUCTIONS | SALES | SYSTEMS | DESIGN
LARGE ENOUGH TO SERVICE... SMALL ENOUGH TO CARE!
4WALL.COM

The terms of our rental agreement or subcontract require you to provide us with a Certificate of Insurance. The Certificate should show that coverage will remain in force for the duration of the rental period.

Required Minimum Limits:

Commercial General Liability

\$1,000,000.00 Per Occurrence
\$2,000,000.00 General Aggregate

Inland Marine (Leased/Rented Equipment

Must cover the total replacement value of
the leased/rented equipment

Description of Operations:

4Wall Entertainment, Inc. and All Affiliated Companies are included as Additional Insureds with respect to General Liability and Loss Payee as respects Leased/Rented Equipment.
10 Day notice of cancellation in the event of non-payment of premium.

Certificate Holder:

4Wall Entertainment, Inc. and Affiliated Companies
3165 W. Sunset Road, Suite 100
Las Vegas, NV 89118

Attached is a sample Certificate for your reference. Please forward this letter and sample Certificate to your insurance agent.

Thank you for your prompt attention to this important matter.



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	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	
	INSURER B:	
INSURED	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	NAIC #	

Your Company Info Here

COVERAGES

CERTIFICATE NUMBER: 1987439996

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY				Policy dates must include the entire rental period		EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
X	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ HAPD Ded \$
	ANY AUTO						
	OWNED AUTOS ONLY						
X	HIRED AUTOS ONLY						
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						
X	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						*** See Remarks \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE \$
	Stock Throughput Includes Leased & Rented Equipment						E.L. DISEASE - POLICY LIMIT \$
							Must cover the total replacement value of the leased/rented equipment

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

4Wall Entertainment, Inc. and All Affiliated Companies are included as Additional Insureds with respect to General Liability and Loss Payee as respects Leased/Rented Equipment. 10 Day notice of cancellation in the event of non-payment of premium.

See Attached...

CERTIFICATE HOLDER

CANCELLATION

4Wall Entertainment, Inc. and Affiliated Companies
3165 W. Sunset Rd, Suite 100
Las Vegas, NV 89118

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