



Insurance Certificate Request and Information Release Authorization

fax completed release to: (212) 591 6604

INSURANCE CERTIFICATE REQUEST AND INFORMATION RELEASE AUTHORIZATION

(Please complete all sections accordingly)

Agency name _____

Agent's name _____

Phone number _____

Fax number _____

CERTIFICATE REQUEST

This is to request that the above insurance company and its agent fax and mail a copy of our insurance certificate to Voxfilm

confirming that _____ production company, in

conjunction with the project " _____ "

will be renting equipment from Voxfilm on the following dates:

Prep/pick-up _____

First day of shoot _____

Last day of shoot _____

Equipment return _____

Insurance must begin at 12:01 a.m. of the date of prep/pick-up to midnight (24:00) of the day the equipment is returned.

Minimum coverage for rental equipment is \$150,000.00 (or as applicable per contract agreement).

Minimum coverage for general liability must be \$1,000,000.00

Voxfilm must be named as Additionally Insured with respects to General Liability and as Loss Payee for full replacement cost.

If equipment is removed from the United States foreign/world wide coverage for general liability and rental equipment must be included and stated within the body of the certificate

RELEASE OF INSURANCE INFORMATION

It is further authorized that you release to Voxfilm or its agent(s) all information at your disposal regarding any insurance policy to which Voxfilm has been made an Additional Insured and Loss Payee including but not limited to a true correct and complete copy of the above referenced production company's insurance policy including any endorsement(s) and original application for insurance.

This Insurance Information Release shall be irrevocable for one (1) year from the date below and valid for only one (1) year from the date below unless renewed by the undersigned. A photocopy or facsimile transmission of this Release will have the same force and effect as the original.

Signature _____

Print Name _____

Title _____ Date _____