



1075 South 700 West
Salt Lake City, UT 84104
1-800-838-6671
801-978-9292 (SLC)
801-978-2299 (Fax)
www.redmanmovies.com

REQUIREMENTS FOR RENTING EQUIPMENT

PLEASE READ ALL INFORMATION! YOUR RENTAL WILL NOT BE RELEASED IF ALL INFORMATION IS NOT COMPLETED. IF YOU ARE UNFAMILIAR WITH THE VALUE OF THE EQUIPMENT YOU ARE RENTING, PLEASE ASK. YOUR CREDIT CARD OR INSURANCE MUST COVER THE FULL REPLACEMENT VALUE OF THE EQUIPMENT RENTAL.

1. IDENTIFICATION

Valid Drivers License, Passport, or other state or federal Picture I.D.

2. INSURANCE / COLLATERAL DEPOSITS:

CASH or CREDIT CARD deposit for the full replacement value of equipment.

-OR-

CERTIFICATE OF INSURANCE (See Certificate of Insurance requirements below.)

3. COLLATERAL AGREEMENT AND CREDIT CARD AUTHORIZATION FORM

This form supplements item #2 above and authorizes use of your credit card to pay, if necessary, rental invoices payments, insurance deductibles, and/or loss and damage expenses.

We accept AMERICAN EXPRESS (add'l 3% usage fee) VISA, MASTER CARD.

NOTE: CHECKS, CHECK CARDS and DEBIT CARDS are NOT ACCEPTED for collateral deposits

4. COMPLETED AND SIGNED "TERMS AND CONDITIONS FORM"

ADDITIONAL REQUIREMENT FOR ORDERS PLACED OVER PHONE OR WHEN CARDHOLDER IS NOT PRESENT TO SIGN FOR EQUIPMENT:

LEGIBLE XEROX COPIES (Front and Back) OF THE CARD HOLDER'S DRIVERS LICENSE and CREDIT CARD



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CERTIFICATE OF INSURANCE REQUIREMENTS

For all rentals **REDMAN MOVIES AND STORIES** requires a current and valid insurance certificate with the correct name and address of **the same production company** or entity renting the equipment which meets the following requirements:

- **REDMAN MOVIES AND STORIES** must be named on the certificate as ADDITIONAL INSURED with respect to General Liability.
- **REDMAN MOVIES AND STORIES** must be named as LOSS PAYEE for full replacement cost with respect to the equipment.
- Coverage must include, explicitly, MISCELLANEOUS EQUIPMENT, RENTED EQUIPMENT, or RENTED or LEASED EQUIPMENT.
- Any deductible or lack thereof must be clearly stated and not exceed \$3,500 (or include CC deposit for the difference).
- Total Aggregate Values may vary depending on the value of the equipment rented. Generally:
 - GRIP/ELECTRIC - Ask
 - OTTO NEMENZ CAMERA (smaller packages - 12 Volt gear \$1,000,000).
 - OTTO NEMENZ CAMERA (large packages / newer gear), TYLER CAMERA MOUNTS \$2,000,000.

Helicopter Mount Rentals require a separate certificate naming as ADD'L INSURED and LOSS PAYEE:

TYLER CAMERA SYSTEMS

14218 Aetna St
Van Nuys, CA 91401
818 898-4420
818 989-0423 (fax)

Camera Rentals require a separate certificate naming as ADD'L INSURED and LOSS PAYEE:

OTTO NEMENZ INTERNATIONAL

870 N Vine St
Hollywood, CA 90038
323 469-2774
323 469-1217 (fax)

Policies with UNATTENDED VEHICLE DISCLAIMER; or limitations to negligence will NOT be accepted.

ALL certificates and attached forms are subject to verification and approval by the management before the equipment is released.

A Credit Card is required to cover any insurance deductible as well as to guarantee rental payment (See Credit Card requirements listed above).

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
NAMED INSURED
MAILING ADDRESS

The Name and Address of the Renting Entity (your production company) goes here.

INSURER A: Insurance Company
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	POLICY NUMBER	EFF DATE	EXP DATE	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any One Fire) \$ 300,000 MED EXP (Any One Person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> <u>Hired Auto Physical Damage: \$250,000 per vehicle, XXXXXXXX \$1,000,000 Aggregate</u>	AUTO RENTALS ONLY: POLICY NUMBER	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO	Deductible: 10% of Loss, \$2,500	Min./\$7,500 Max.		AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				<input type="checkbox"/> TWO STATUS <input type="checkbox"/> OTHER TORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Miscellaneous Equipment - Excluding Earthquake and Flood	POLICY NUMBER	EFF DATE	EXP DATE	\$ Limit, \$ ded, Special Form Replacement Cost Worldwide

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is included as Loss Payee on the Property Policy and as Additional Insured on the General Liability with respect to claims arising out of the negligence of the Named Insured for the maintenance, use or operation of equipment by the Named Insured.

Here it needs to explicitly say that the Certificate Holder is a Loss Payee and also that the Certificate Holder is an Additional Insured

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
REDMAN MOVIES & STORIES INC. 1075 SOUTH 700 WEST SALT LAKE CITY, UTAH 84104		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE