

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER  <b>AON / ALBERT G RUBEN COMPANY NY</b> <b>48 WEST 25TH STREET 12TH FLOOR</b> <b>NEW YORK, NY 10010</b> <b>KRISTI JONES : (212)627-7400</b>	Serial # 109386	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.
INSURED  <b>SHORT-FILMS</b> <b>97-99 DEAN ST.</b> <b>LONDON W1D 3TE</b>	INSURERS AFFORDING COVERAGE  INSURER A: GREAT DIVIDE INSURANCE COMPANY INSURER B: WESTCHESTER FIRE INSURANCE CO INSURER C: INSURER D: INSURER E:	NAIC#

**COVERAGES**

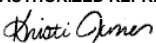
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES 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	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b>	CNA 1000004	1/1/09	1/1/10	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ NA
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	
A		<b>AUTOMOBILE LIABILITY</b>	CNA 1000004	1/1/09	1/1/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	<input checked="" type="checkbox"/> PHYSICAL DAMAGE						
		\$0 DED					
		\$1,000,000 MAX. LIMIT					
		NO COVERAGE PROVIDED					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A B		<b>EXCESS/UMBRELLA LIABILITY</b>	CUA 1000005 G21979533004	1/1/09	1/1/10	EACH OCCURRENCE	\$ 19,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 19,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		RETENTION \$					\$
		<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	NO COVERAGE PROVIDED			WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				EL EACH ACCIDENT	\$
						EL DISEASE - EA EMPLOYEE	\$
						EL DISEASE - POLICY LIMIT	\$
A		<b>OTHER</b>	CNA 1000004	1/1/09	1/1/10	\$2,000,000 - MISC. EQUIPMENT	
		PRODUCTION PACKAGE	\$0 DED			\$1,000,000 - 3RD PARTY P.D.	
		(WORLDWIDE / SPECIAL FORM & RC)				\$1,000,000 - PROPS/SETS/WDRB	

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

RE: **JOB# NUX/NAI/T92140 - J&J NEUTROGENA**

CERTIFICATE HOLDER IS ADDITIONAL INSURED UNDER GENERAL LIABILITY PER "A" BUT ONLY AS RESPECTS CLAIMS ARISING FROM THE NEGLIGENCE OF NAMED INSURED AND AS REQUIRED BY WRITTEN CONTRACT. CERTIFICATE HOLDER IS LOSS PAYEE WITH RESPECT TO MISC. EQUIPMENT. ALL COVERAGES SUBJECT TO TERMS AND CONDITIONS OF POLICIES OF INSURANCE. **"THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES ABOVE."**

<b>CERTIFICATE HOLDER</b>  Courier Car Rental 430 West 37th Street NYC 10018-4016	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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 
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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.