

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/14/09

PRODUCER LIC #63238 1-610-941-7751
Keystone Risk Partners, LLC
100 Front Street
Suite 275
Conshohocken, PA 19428

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
Media Services
500 South Sepulveda Blvd.
4th Floor
Los Angeles, CA 90049

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Arch 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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below	See Attached	06/21/09	06/21/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
					E.L. EACH ACCIDENT	\$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 "C" For paid personnel of Media Services payroll companies working on project(s) for "SHORT FILMS"

CERTIFICATE HOLDER

SHORT FILMS
97-99 Dean Street
London, England W1D 3TE
GB

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 

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.

ADDENDUM TO CERTIFICATE OF LIABILITY INSURANCE

Third Party Claims Administrator - FARA, INC.
Insurance Company: ARCH INSURANCE COMPANY

Policy Entity	Policy Number	States Covered	First Named Insured (Bold) Additional Named Insured (regular)
Swan	31WCI4950001	MI	Grand Rapids Processing Services
Swan	31WCI4947301	NM	Gila Processing Services, Inc.
Swan	31WCI4946501	All States	Premier Payroll, Inc.
		All States	CrewStar Group Services, Inc.
Lukosky	31WCI4946101	All States	New Dominion Payroll Services, Inc.
McCain	31WCI4946201	All States	Radar Payroll Services, Inc.
McCain	31WCI4946201	All States	Mass Media Services, LLC
Lafay	31WCI4946001	All States	Staff Payroll Services, Inc.
Lafay	31WCI4946001	All States	Curiosity Payroll Services, Inc.
Lafay	31WCI4946001	All States	Quantos Payroll Services, Inc.
Pickert	31WCI4946601	All States	Production Processing, Inc.
			Bi-Coastal Payroll Services, Inc.
			Epicurean Services, Inc.
			Gobblers Knob Processing Services
			Guardian Film Services, Inc.
			Gulf Coast Payroll, Inc.
			Maize-El, Inc.
			Power Payroll, Inc
			Producers Payroll, Inc.
			Transcontinental Payroll, Inc. dba West Coast Extras
			Garner Processing Services Inc.
			Greenwood Processing Services Inc.
			Greenfields Processing Services, Inc.
Oberman	31WCI4946301	NM	Cavern Film Processing, Inc.
Oberman	31WCI4946801	All States	FPS Payroll Services, Inc.
			Cedar Hill Processing Services Inc.
			Chester Processing Services
			Crescent City Payroll, Inc.
			Current Film Services, Inc.
			Film Payment Services, Inc.
			FSI Processing, Inc.
			Movie Payroll, Inc.
			Reel Payroll, Inc.
			Charleston Processing Services Inc.
			Cornfields Processing Services, Inc.
Oberman	31WCI4950101	MI	Cadillac Processing Services, Inc.
Horton	31WCI4957101	All States	CrewStar, Inc.
Armacher	31WCI4954601	All States	CrewStar Payroll Services Plus, Inc.

The monopolistic states of North Dakota, Ohio, Washington or Wyoming are excluded from coverage on the above policies. Contact the Workers' Compensation Department if evidence of coverage is required for your project in these states.

At least 3 business days prior to the following activities you must disclose to Media Services the following;

- * Projects in foreign locations
- * Projects involving any special filming activity, including but not limited to stunts, aerial photography, under-water photography, pyrotechnics, the use of non-domestic animals, water craft or air craft.

Request work comp materials by email at workcompinfo@media-services.com

Contact Telephone Numbers: (310) 440-9675, (310) 471-9347, (310) 471-9388 or (310) 440-9653