



Universal Prop House & Drapery Certificate of Insurance Requirements

Please see the insurance requirements below as **all rentals require insurance**. If there are questions, please reach out to universalprophouse@nbcuni.com.

Coverage Requirements

General Liability Insurance

- Minimum coverage: **\$1,000,000.00**
- Universal City Studios, LLC must be listed as the **loss payee** and **additionally insured**.

Property Coverage

- Coverage limit must meet or exceed the **replacement value of the rented items**.
- Must include a **waiver of subrogation** applicable to **Property/Sets Coverage, Equipment Rentals, or Production Packages**.

Certificate Holder

- Universal City Studios LLC, its parents, subsidiaries, and affiliates
100 Universal City Plaza
Property Department, Bldg. 8166-1
Universal City, CA 91608

Deposit Policy

We accept the following forms of deposit:

- Credit Card (via the NBCU Payment Portal)
- Cashier's Check or Company Check (must be hand delivered)
- ACH Payments

Deposit Amount

- The deposit will be the **replacement value of the rental** or **\$2,500.00**, whichever is greater, unless the insurance deductible is higher.

Refund Policy

- Deposits are fully refundable and will be processed once the account is closed, either in person or by phone/email.



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 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 YOUR INSURANCE BROKERS NAME ADDRESS CITY, STATE, ZIP	CONTACT NAME:		FAX (A/C, No.):
	PHONE (A/C, No, Ext):		
	EMAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED YOUR ENTITY NAME ADDRESS CITY, STATE, ZIP <u>MUST MATCH ENTITY ON RENTAL AGREEMENT</u>	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		POLICY NUMBER	DATE	DATE	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) INSERT LIMITS MED EXP (Any one person) INSERT LIMITS PERSONAL & ADV INJURY INSERT LIMITS GENERAL AGGREGATE INSERT LIMITS PRODUCTS - COMP/OP AGG INSERT LIMITS
	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 <input type="checkbox"/> _____			POLICY NUMBER	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			POLICY NUMBER	DATE	DATE	EACH OCCURRENCE INSERT LIMITS AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (MANDATORY IN NH) If yes, describe under DESCRIPTION OF OPERATIONS below			POLICY NUMBER	DATE	DATE	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER INSERT LIMITS E.L. EACH ACCIDENT INSERT LIMITS E.L. DISEASE - EA EMPLOYEE INSERT LIMITS E.L. DISEASE - POLICY LIMIT INSERT LIMITS
A	PROPS, SETS, & WARDROBE ALL RISK POLICY REPLACEMENT COST			POLICY NUMBER	DATE	DATE	INSERT LIMITS & DEDUCTIONS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder shall be included as an additional insured under the General Liability, Umbrella Liability, and a loss payee under the Production Package Policy specifying Props, Sets, & Wardrobe.

CERTIFICATE HOLDER Universal City Studios LLC, its parents, subsidiaries, and affiliates 100 Universal City Plaza Costume/Property, Bldg. 8166 Universal City, CA 91608 (MUST BE VERBATIM)	CANCELLATION 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 AUTHORIZED REPRESENTATIVE SIGNATURE
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