

XR Liability Insurance Certificate Requirements

Before payroll can be processed, XR must receive a Certificate of Liability Insurance for your General and Auto policies naming Extreme Reach Inc. as additional insured. The following information outlines the requirements associated with the Certificate of Liability Insurance:

Insured	Full name and address of entity for which XR is producing services.			
Companies Affording Coverage	Name of Insurance Company providing coverage.			
Type of Insurance	GENERAL LIABILITY [x] Commercial General Liability [x] Occur AUTOMOBILE LIABILITY [x] Any Auto or at least [x] Hired Autos [x] Non-Owned Autos			
Policy Numbers	Both General and Automobile policy numbers are to be shown.			
Policy Dates	Both General and Automobile policy dates are to be shown. Must be in effect either on or before any employment start dates.			
Limits	Each occurrence not less than one million dollars (\$1,000,000) for General and Automobile.			
Certificate Holder	Extreme Reach, Inc. 333 N. Glenoaks Blvd, Ste. 300 Burbank, CA 91502			
Description of Operations	Certificate Holder, its Parent, Subsidiaries, Related and Affiliated Companies, its Officers, Directors, Agents and Employees are named as Additional Insured for General and Auto Liability.			

NOTICE

Since Extreme Reach, Inc. is an additional insured, the policies must be endorsed. Please request that your insurance agent provides an Endorsement to accompany the Certificate of Liability Insurance.

Any Questions? Contact: psclientservices@extremereach.com

PRODUCER Your Insurance Broker's Name		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMENIN BY TEND ALTER THE COVERAGE							
		CERTIFICATE DOES NOT AMEND, EXTEND ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.							
Your Insurance Broker's Address			COMPANIES AFFORDING COVERAGE COMPANY						
			A Your Insurance Company						
INSURED			COMPANY B						
Your Production Company Name			COMPANY C						
Your Production Company Address			COMPANY D						
COVERAGES									
THIS IS TO CLARIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DECRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLIC EFFECT DAT	IVE	POLICY EXPIRATION DATE	LIMITS			
	GENERAL LIABILITY 【SCOMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE 【SOCCUR ☐ OWNER'S & CONTRACTORS PROT.	Policy Number				GENERAL AGGREGATE PRODUCTS-COMP/CP AGG. PERSONAL & ADV INJURY EACH OCCURANCE FIRE DAMAGE (Any one fire) MED, EXP. (Any one person)	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 1		
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED SCHEDULED AUTO HIRED AUTOS NON-OWNED AUTOS	Policy Number				COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 1,000,000 \$ \$ \$		
	EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM					EACH OCCURENCE AGGREGATE	\$		
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY					STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE- EACH EMPLOYEE	\$ \$ \$		
	OTHER						-		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Certificate Holder, its Parent, Subsidiaries, Related and Affiliated Companies, its Officers, Directors, Agents and Employees are named as Additional Insured for General and Auto Liability.									
Extreme Reach, Inc. 333 N. Glenoaks Blvd, Ste 300 Burbank, CA 91502				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY. ITS AGENTS OR REPRESENTATIVES.					
						AUTHORIZED REPRES	SENTATIVE		

ACORD CORPORATION

ACORD 25-S

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS (Form B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

COMMERCIAL AUTO LIABILITY

SCHEDULE

Name of Person or Organization: Extreme Reach, Inc., its Parent, Subsidiaries, Related

and Affiliated Companies, its Officers, Directors, Agents & Employees

333 N. Glenoaks Blvd., Ste 300

Burbank, CA 91502

(If no entry appears above. information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work' for that insured by or for you.