

DETAILS:

New accounts: Please complete Steps 1 & 2

Existing accounts: If your account is currently for LA or NY only and you would like to activate it at both location please update your COI by simply completing Step 1

STEPS:

1. Forward our insurance requirements to your broker. Your broker may email your COI to certs@smashboxstudios.com
2. Complete the credit card authorization form and email it to accounting@smashboxstudios.com with a copy of the credit card (front & back) and valid photo ID (front)

smashbox
S T U D I O S

QUESTIONS? LA: INFO@SMASHBOXSTUDIOS.COM
BK: INFOBK@SMASHBOXSTUDIOS.COM

INSURANCE REQUIREMENTS



Please forward to your insurance broker.

Renter must furnish Smashbox Studios with a Certificate of Insurance on a standard Acord form with the following information:

CERTIFICATE HOLDERS

Industrial Color Brands, Inc. & its subsidiaries, affiliates, and assignees
House Leopard Productions, Inc.

- 8549 Higuera St. Culver City, CA 90232 and 76 Calyer St Brooklyn, NY 11222
- 8549 Higuera Ind, LLC, 8549 Higuera Found, LLC, Smashbox Beauty Cosmetics, Inc. Factor Investments, LLC, Jefferson Investments, LLC, Greenpoint Village, LLC

IN THE DESCRIPTION BOX

"THE CERTIFICATE HOLDERS ARE NAMED AS ADDITIONAL INSURED AND LOSS PAYEE"

GENERAL LIABILITY

Minimum acceptable limits:

Each Occurance	\$1,000,000
Personal Injury	\$1,000,000
General Aggregate	\$2,000,000

AUTO LIABILITY

*REQUIRED IF RENTING A VEHICLE

Minimum acceptable limits:

Combined Single Limit	\$1,000,000	* Must have boxes checked for HIRED & NON-OWNED AUTOS OR ANY AUTOS
Hired Auto Physical Damage	\$ 125,000	

PROPERTY INSURANCE/ INLAND MARINE

Minimum acceptable limits:

Miscellaneous Rented Eq.	\$1,000,000	- For Studio Rentals
--------------------------	-------------	----------------------

Property insurance must not contain an exclusion for the theft from an unattended vehicle nor any exclusion for loss due to voluntary parting.

For equipment on location, limits must equal or exceed the replacement value of the rented equipment. Please ask your rental agent for the replacement value of the items being rented.

You need to have enough insurance to cover the equipment you are renting, otherwise we will be unable to release the equipment to you.

WORKER'S COMPENSATION

Worker's compensation insurance as required by law

UMBRELLA LIABILITY

Umbrella liability in the amount of \$2,000,000 per occurrence and annual aggregate

All insurance provided should be signed by an authorized representative and be issued by a company authorized to do business in New York or California. Policies with "Negligence Disclaimers" will not be accepted. All insurance certificates will be subject to verification and approval before any equipment is released. Please refer to the attached Sample Insurance Certificate for how the coverage and form should look.

Please email to certs@smashboxstudios.com

LOS ANGELES
8549 HIGUERA ST
CULVER CITY, CA 90232
T 310.579.6000

BROOKLYN
76 CALYER ST
BROOKLYN, NY 11222
T 718.782.9300

INFO@SMASHBOXSTUDIOS.COM • SMASHBOXSTUDIOS.COM

CREDIT CARD AUTHORIZATION FORM

smashbox
STUDIOS

Please email to accounting@smashboxstudios.com

*Include copy of credit card (front+back)
and ID (front)

I, _____ hereby authorize Smashbox Studios to charge my:

- ☐ American Express
☐ Visa
☐ Master Card
☐ Discover

CLIENT NAME

CARDHOLDER'S NAME

CLIENT EMAIL

CARDHOLDER EMAIL

CARD NUMBER

EXP. DATE (MM/YY)

CVV (3 DIGITS / 4 DIGITS; AMEX)

BILLING ADDRESS

CITY

STATE (ABBR.)

ZIP

TELEPHONE

TODAY'S DATE

SIGNATURE

Customer authorizes Smashbox Studios to charge sums that may be due, in accordance with the terms and conditions of Smashbox Studios to Customer's credit card accounts provided by Customer. Customer further acknowledges that no customer signature or credit imprint is required for such charges. This includes chargeable work that may be necessary to complete order placed. Such charges will be billed accordingly.

Please email to accounting@smashboxstudios.com

LOS ANGELES
8549 HIGUERA ST
CULVER CITY, CA 90232
T 310.579.6000

BROOKLYN
76 CALYER ST
BROOKLYN, NY 11222
T 718.782.9300

INFO@SMASHBOXSTUDIOS.COM • SMASHBOXSTUDIOS.COM



EXAMPLE CERT

CERTIFICATE OF LIABILITY INSURANCE

3/31/2019

DATE (MM/DD/YYYY)

10/24/2018

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 have ADDITIONAL INSURED provisions or 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 Lockton Insurance Brokers, LLC CA License #0F15767 725 S. Figueroa Street, 35th fl. Los Angeles CA 90017 213-689-0065	CONTACT NAME:	
	PHONE (A/C, No, Ext): FAX (A/C, No):	
INSURED 1409753 Your Company Name Address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Continental Casualty Company	20443
	INSURER B: National Fire Insurance Co of Hartford	20478
	INSURER C: The Continental Insurance Company	35289
	INSURER D: Navigators Insurance Company	42307
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:** XXXXXXXX

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	N	N	Policy Number	3/31/2018	3/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	Policy Number	3/31/2018	3/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX Comp/Coll Ded \$ 1,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	Policy Number	3/31/2018	3/31/2019	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$ XXXXXXXX
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Policy Number	3/31/2018 3/31/2018	3/31/2019 3/31/2019	<input checked="" type="checkbox"/> PER STATUTE <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
D	Rented Equipment	N	N	Policy Number	2/21/2018	3/31/2019	\$500,000 Photographic Equipment \$250,000 Equipment Sales & Rental Ded: \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

8549 Higuera St. Culver City, CA 90232 and 76 Calyer St Brooklyn, NY 11222. 8549 Higuera Ind, LLC, 8549 Higuera Found, LLC, Smashbox Beauty Cosmetics, Inc. Factor Investments, LLC, Jefferson Investments, LLC, Greenpoint Village, LLC are named as Additional Insured and Loss Payee.

CERTIFICATE HOLDER

15665101

Industrial Color Brands, Inc. & its subsidiaries
affiliates, and assignees
House Leopard Productions, Inc.
8549 Higuera St.
Culver City CA 90232

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

© 1988-2015 ACORD CORPORATION. All rights reserved.