



**Warner Bros. Studio Facilities**

**Property Department**

4000 Warner Blvd.

Burbank, CA 91522

Phone (818) 954-2181 Fax (818) 954-4965

The following representatives from our company are authorized to charge Articles from the WBSF Property Department using the Credit Card authorized below for payment:

Names: \_\_\_\_\_

Production Company: \_\_\_\_\_ Job / Show name: \_\_\_\_\_

Type of Credit Card:

<input type="checkbox"/>	Mastercard #:	_____	Expiration Date: ____/____/____
<input type="checkbox"/>	Visa #:	_____	Expiration Date: ____/____/____
<input type="checkbox"/>	American Express #:	_____	Expiration Date: ____/____/____
		American Express (4-digit) Boss #: _____	
		(above account number, right side of card)	
Name as it appears on the card: _____			

1. The undersigned shall be responsible for the return of all rented items in the same condition as received, reasonable wear and tear excepted.
2. The undersigned shall be responsible for any and all additional charges for loss or damage, cleaning, repairs, restocking, labor, and/or additional rental
3. The undersigned acknowledges that WBSF's liability for damages arising out of any breach, errors, omissions, interruptions, delays or defects in any of the Articles, or services provided by WBSF shall in no event exceed an amount equal to the amount charged pursuant to this Credit Card Authorization Form.
4. The undersigned hereby declares that the credit card information listed above is true, accurate and appears in the name as stated. Further, I authorize my credit card company to accept and charge to my account charges initiated from the WBSF Property Department. I also acknowledge that charges may be recurring and, in such event, this authorization allows the WBSF Property Department to continue to use this information and the above credit card repeatedly and such information shall remain in full force and effect unless I revoke such authorization in writing.
5. Finally, I acknowledge that this authorization allows the WBSF Property Department to charge my credit card any Additional Charges, unless I have made other acceptable payment arrangements with the WBSF Property Department and such payment arrangements are approved by the WBSF Accounting Department.

Signature of Cardholder: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Company Address \_\_\_\_\_

Company Address City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Phone #: \_\_\_\_\_

\*\*\* PLEASE FAX BACK: WITH COPY OF CARD: FRONT AND BACK \*\*\*

# CERTIFICATE OF INSURANCE

issue date (mm/dd/yy)

ISSUE DATE

PRODUCER  
  
YOUR INSURANCE BROKER'S NAME  
AND ADDRESS

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.

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER **A** YOUR INSURANCE COMPANY

COMPANY LETTER **B** YOUR INSURANCE COMPANY

COMPANY LETTER **C** YOUR INSURANCE COMPANY

INSURED  
  
YOUR NAME AND ADDRESS

**SAMPLE**

**COVERAGE**

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 RESPECTS 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.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	GENERAL AGGREGATE \$2,000,000
					PRODUCTS-COMP/OP AGG \$2,000,000
					PERSONAL & ADV. INJURY \$2,000,000
					EACH OCCURRENCE \$2,000,000
					FIRE DAMAGE (Any one fire) \$100,000
					Med. Expense (Any one pers) \$5,000
A	AUTOMOBILE LIABILITY <input checked="" 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"/> GARAGE LIABILITY	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	COMBINED SINGLE LIMIT \$2,000,000
					BODILY INJURY (PER PERSON)
					BODILY INJURY (PER ACCIDENT)
					PROPERTY DAMAGE
					EACH OCCURRENCE \$1,000,000
					AGGREGATE \$1,000,000
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	<input checked="" type="checkbox"/> EACH ACCIDENT \$1,000,000
					DISEASE-POLICY LIMIT \$1,000,000
					DISEASE-EACH EMPLOYEE \$1,000,000
					REPLACEMENT COST
C	OTHER Prop, Sets & Wardrobe and/or Misc. Equipment	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL TERMS  
With respect to the operations of the Named Insured, the certificate holder is included as an Additional Insured and Loss Payee as its interest may appear.

**CERTIFICATE HOLDER**

Warner Bros. Studio Facilities Inc.;  
Warner Bros. Entertainment Inc. and their parent,  
subsidiary and affiliated companies and their  
employees, agents, officers and directors  
4000 Warner Boulevard  
Burbank, CA 91522

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,

AUTHORIZED REPRESENTATIVE