

# **Company & Show Information**

Company Name:	Est. Wrap Date:		
Billing Address:			
City:	State:	Zip Code:	
Show Name:		Job#:	
Shipping Address (if different)			
City:	State:	Zip Code:	
Property Master (or) Set Decorator :			
Phone #:	Email:		
Type: Commercia	ıl TV Fea	ature School Film	
Other:			
Tax Exempt? Yes (certificate require	red) No		
<u> </u>	<u> </u>		
Accounting#:	unting #: Accounting Email:		
Production #:			
-roduction # :			
Comments:			
Pickup Date:	Salesperson:		
Entered By:			



## **Credit Authorization Form (For Deposit Only)**

This letter is to authorize Independent Studio Services, LLC to use the following credit card for orders and phone orders as per written instructions.

## **INSTRUCTIONS**

- **1.** Fill out this form completely.
- 2. Make a copy of the credit card's FRONT & BACK

<ol> <li>Make a copy of the cardholder's drive</li> <li>Email to accounts@issprops.com</li> </ol>	er's license	
Company Name:		
Show Name:		
CARD INFORMATION		
Cardholder Name:	Phone #:	
Address:		
City:	State:	Zip Code:
Credit Card #:	Exp. Date:	CID:
Card Type: VISA Masterca	ard Discover AMEX	
Driver's License #:	Ex	xp. Date:
(*) Deposit will be the deductible on your lf open to charges, do not write an amount of the contract of the c		eplacement value of props.
Deposit Amount Authorized (	(*): \$	
(*) The deposit amount will be authorized, loss/damage charges have been paid. If the credit card will be charged the deposit. De automatically charged. Deposits will be recopen invoices have been paid.	e rented props stay out longer than eposits for all orders lasting longer t	the original rental period, your han a two week rental period will be
Authorized Signature	Print Name	 Date



## **Insurance Information**

The following is information regarding the insurance requirements to be able to rent props / weapons from Independent Studio Services

## **INSURANCE REQUIREMENT**

### **GENERAL LIABILITY - OCCURRENCE FORM**

Minimum Acceptable Limits:

- Per Occurrence: \$1,000,000
- General Aggregate: \$2,000,000
- Damage to Rented Premises: \$100,000
- Medical Payments: \$5,000

#### **AUTOMOBILE**

Minimum Acceptable Limit:

- Liability CSL: \$1,000,000

#### INLAND MARINE / PRODUCER'S PACKAGE

Minimum Acceptable Limit:

- Props, Sets, Wardrobe: \$250,000

Lower limits can be accommodated if the total value of all Props, Sets, and Wardrobe to be used on the project is less than \$250,000. The limit, however, must be greater than the total value of props, sets and wardrobe on overall production, not max per vendor.

## Worker's Compensation

Workers Compensation insurance covering all individuals working on the project for which the props are rented.

Independent Studio Services must be included as **Additional Insured** for General Liability and as **Loss Payee** for Props, Sets, & Wardrobe.

Certificate Holder box should read:

Independent Studio Services, LLC 9545 Wentworth St. Sunland, CA 91040

For weapons and related rentals, all certificates must state: "Policies include coverage for weapons, ammunition, and related hazardous items."