



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/16/2010

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).

<b>PRODUCER</b> XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	CONTACT NAME: XXXXXXXXXXXXX	
	PHONE (A/C. No. Ext): XXXXXXXXXXXX	FAX (A/C. No): XXXXXXXXXXXXXXXXXXXX
	E-MAIL ADDRESS: XXXXXXXXXXXXXXXXXXXX	
	PRODUCER CUSTOMER ID #: XXXXXXXXXXXXXXXXXXXX	
<b>INSURED</b> XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	INSURER(S) AFFORDING COVERAGE	
	INSURER A: XXXXXXXXXXXXXXXXXXXX	NAIC # XXXXX
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

### 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	<b>GENERAL LIABILITY</b>			XXXXXXXXXXXXXXXXXXXX	XX/XX/XXXX	XX/XX/XXXX	<b>EACH OCCURRENCE</b>	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b>			XXXXXXXXXXXXXXXXXXXX	XX/XX/XXXX	XX/XX/XXXX	<b>COMBINED SINGLE LIMIT</b>	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						(Ea accident)	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						<b>HIRED PHYSICAL DAMAGE</b>	\$ 000,000
	<input checked="" type="checkbox"/> HIRED AUTO PHYSICAL DAMAGE					<b>HIRED AUTO DEDUCTIBLE</b>	\$ 0,000	
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	<b>MISCELLANEOUS RENTED EQUIPMENT; SPECIAL FORM; TRANSIT; WORLDWIDE; LEGAL LIABILITY ON RENTED EQUIPMENT</b>			XXXXXXXXXXXXXXXXXXXX	XX/XX/XXXX	XX/XX/XXXX	\$000,000 LIMIT	\$ 0,000 Deductible

This section is only required when vehicles are rented to the customer.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
THE CERTIFICATE HOLDER IS INCLUDED AS LOSS PAYEE ON THE PROPERTY POLICY AND AS ADDITIONAL INSURED ON THE GENERAL LIABILITY POLICY AS REQUIRED BY WRITTEN CONTRACT AS RESPECT CLAIMS ARISING OUT OF THE NEGLIGENCE OF THE NAMED INSURED FOR THE MAINTENANCE, OPERATION OR USE OF EQUIPMENT BY THE NAMED INSURED. THE POLICIES DO NOT CONTAIN AN UNATTENDED VEHICLE EXCLUSION.

### CERTIFICATE HOLDER

### CANCELLATION

Basecam, LLC dba Nashville Camera 272 Broadmoor Drive Nashville, TN 37207-3029	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  <i>Signature</i>
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