

# **FLETCHER CHICAGO, INC**

DBA  
Fletcher Camera & Lenses - Chicago  
1000 N. North Branch Street  
Chicago, IL 60642  
312-932-2700  
[frontdesk@fletch.com](mailto:frontdesk@fletch.com)



DBA  
Fletcher Camera & Lenses - Detroit  
23815 Industrial Park Drive Suite 150  
Farmington Hills, MI 48335  
248-478-3479  
[www.fletch.com](http://www.fletch.com)

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## Production Office Insurance Requirement

Fletcher Camera & Lenses requires the Lessee to obtain adequate insurance coverage for injuries to person or property resulting from the use of Premises or possession of Equipment during the Rental Period (until returned to Fletcher).

**PLEASE BE ADVISED CERTIFICATES OF INSURANCE MUST BE TO FLETCHER CHICAGO, INC. ALTHOUGH WE ARE "DOING BUSINESS AS" (dba) FLETCHER CAMERA & LENSES AT TWO LOCATIONS - CHICAGO AND DETROIT.**

**The Lessee must provide ONE current Certificate of Insurance, issued by its Insurance Agent specifying:**

1. The name, address and phone number of the Insurance Agent or Producer
2. The Lessee's exact business name must appear as the Named Insured
3. The name of the Insurer (i.e. Insurance Company) affording Coverage
4. General Liability Limits of at least \$ 1,000,000 per occurrence
5. An actual signature by the agent is required to certify the form
6. Fletcher Chicago, Inc. is named as an Additional Insured with regards to Liability Coverage
7. Typically in the Other or Description box, must state that: *"Fletcher Chicago, Inc. is the Lessor of the Premises in regards to the rental of production office space."*
8. This certificate holder should be:  
**Fletcher Chicago, Inc.**  
1000 N. North Branch  
Chicago, IL 60642

**The Lessee must provide A SECOND current Certificate of Insurance, issued by its Insurance Agent specifying:**

1. The name, address and phone number of the Insurance Agent or Producer
2. The Lessee's exact business name must appear as the Named Insured
3. The name of the Insurer (i.e. Insurance Company) affording Coverage
4. General Liability Limits of at least \$ 1,000,000 per occurrence
5. An actual signature by the agent is required to certify the form
6. Goose Island SPE Prime, LLC is named as an Additional Insured with regards to Liability Coverage
7. This certificate holder should be to the landlord of the building:  
**Goose Island SPE Prime, LLC**  
1849 Green Bay Road, 4th Floor  
Highland Park, IL 60035

**The Lessee must provide A THIRD document as PROOF OF WORKER'S COMPENSATION and Employer's Liability from its PAYROLL company specifying:**

(AS ABOVE CERTS)

- The name, address and phone number of the Insurance Agent or Producer
- The Payroll Company name must appear as the Named Insured (Lessee may provide own Payroll)
- The name of the Insurer (i.e. Insurance Company) affording Coverage
- An actual signature by the agent is required to certify the form
- This certificate holder should be:  
**Lessee Exact Business Name** (If Lessee provides own Payroll, Worker's Comp may be on the Fletcher cert)  
Lessee Business Address

### **Additional Notes:**

- If Lessee is also renting Camera Equipment from Fletcher the Certificate of Insurance to Fletcher may be amended to include the equipment provisions, please request the Camera Insurance Requirements document.

**For Production Office Rental all three of these documents can be sent to:**  
Lorraine Poirier · Direct Phone: 312-932-2707 · Feel Free to call with questions