

**Location Agreement**

Date: October 3, 2011

**A102 Studios**

Dear Sir or Madam:

You have advised the undersigned that you are producing a Motion Picture tentatively entitled "Broken Faith" (the "Picture"). You and the undersigned hereby agree as follows:

1. The undersigned hereby irrevocably grants you and your agents, employees, licensees, successors, and assigns:

- [a] The right to enter and remain upon the property, which shall include not only real property, but any fixtures, equipment or other personal property thereon, located at: Christen County Courthouse, with personnel and equipment (including without limitations, props, temporary sets, lighting, camera and special effects equipment) for the purpose of photographing scenes and making recordings of said Property in connection with the production of the Picture on the following date(s): Prep \_\_\_\_\_; Shoot: \_\_\_\_\_; Strike: \_\_\_\_\_. If the weather or other conditions are not favorable for such purpose on such date(s), the date(s) shall be postponed to \_\_\_\_\_.
- [b] The right to take motion pictures, videotapes, still photographs and/or sound recordings on and of any and all portions of the Property and all names associated there with or which appear in, on or about the Property.
- [c] All rights of every nature whatsoever in and to all films and photographs taken and recordings made hereunder, including without limitation of all copyrights therein and renewals and extensions thereof, and the exclusive right to reproduce, exhibit, distribute, and otherwise exploit in perpetuity throughout the universe (in whole or in part) such films, photographs and recordings in any and all media, whether now known or hereafter devised, including without limitation in and in connection with the Picture and the advertising and other exploitation thereof.

- 2. You agree to indemnify and to hold the undersigned harmless from and against all liability or loss which the undersigned may suffer or incur by reason of any injury to or death of any person, or damage to any property (ordinary wear and tear excepted), directly caused by any of your agents or employees or any equipment brought by them on to the property.
- 3. The undersigned warrants and represents that the undersigned has a full right and authority to enter into this agreement and grant the rights herein granted, and that the consent or permission of no other person, firm, or entity is necessary in order to enable you to exercise or enjoy the rights herein granted.
- 4. The undersigned hereby releases you from, and covenants not to sue you for, any claim or cause of action, whether known or unknown, for defamation, invasion of his privacy, right of publicity or any similar matter, or any other claim or cause of action, based upon or relating to the exercise of any of the rights referred to in Paragraph 1 hereof; provided, however, that the foregoing shall not affect your obligations to indemnify the undersigned pursuant to Paragraph 2 hereof.
- 5. The undersigned further warrants neither he/she or anyone acting for him/her, gave or agreed to give anything of value, except for use of the Property, to anyone at A-102 Studios or anyone associated with the production for using the Property as a shooting location.

This agreement shall inure to benefit of and shall be binding upon your and our respective successors, licensees, assigns, heirs and personal representatives. You shall not be obligated actually to exercise any of the rights granted to you hereunder; it being understood that your obligations shall be fully satisfied hereunder by payment of the compensation referred to above. The agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and cannot be amended except by a written instrument signed by the parties.

ACCEPTED & AGREED TO BY:

A102 Studios  
*Sarah Kessinger*  
 is Sarah Kessinger  
 Broken Faith  
 Producer

Very truly yours,  
*Lou Lapaglia*  
 Signature  
 Lou Lapaglia  
 Print Name  
 Presiding Commissioner  
 Title  
 100 W. Church St.  
 Address  
 Ozark, MO 65721  
 City, State, Zip  
 417-582-4300  
 Phone Number



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/26/2011

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> Arts & Entertainment Insurance LLC PO Box 1048, 259 Humphrey Street Marblehead, MA 01945		<b>CONTACT NAME:</b> Drew Gavin McDonough <b>PHONE (A/C, No, Ext):</b> (781) 639-2723 <b>FAX (A/C, No):</b> (781) 639-2844 <b>E-MAIL ADDRESS:</b> artentdrew@gmail.com <b>PRODUCER CUSTOMER ID #:</b>	
Phone No. (781) 639-2723      Fax No. (781) 639-2844		<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> SUNRISE RECORDING AND FILM PRODUCTIONS 7749 NORMANDY BOULEVARD, SUITE 145-308 Jacksonville, FL 32205		<b>INSURER A:</b> EFM - Empire Fire and Marine Insurance Company	<b>NAIC #</b> 21326
		<b>INSURER B:</b> ZII - Zurich American Insurance Company of Illinois	27855
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**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 L WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
EFM	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			FI0126099	09/26/2011	11/25/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
ZII	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC9339865-00	09/26/2011	11/25/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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
EFM	Inland Marine			FI0126099	09/26/2011	11/25/2011	See Attached

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Coverage Location: United States & Canada  
 Certificate Holder is named as an Additional Insured as their interests may appear. Production BROKEN FAITH  
 All coverages expire at 12:01 a.m. Standard Time.

<b>CERTIFICATE HOLDER</b> Christian County Courthouse 100 W. Church St OZARK, MO 65721 United States Of America Phone No.      Fax No.	<b>CANCELLATION</b> 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 
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# ADDITIONAL COVERAGE DETAILS

DATE (MM/DD/YY)

09/26/2011

INSURED **SUNRISE RECORDING AND FILM PRODUCTIONS**

The following is attached to and made part of certificate 264894-528886-352123.

Policy Details	Coverage	Limit	Deductible
<b>Inland Marine</b>			
Company:	Empire Fire and Marine Insurance Company		
Policy Number:	F10126099		
*Period:	09/26/2011 - 11/25/2011: 60 Day(s)		
	Miscellaneous Rented Equipment	25,000	1,500
	Props, Sets & Wardrobes	Excluded	
	Negative Film or Videotape	175,000	10% of loss, \$5,000 minimum, \$7,500 maximum
	Faulty Stock, Camera & Processing	175,000	10% of loss, \$5,000 minimum, \$7,500 maximum
	Extra Expense	Excluded	
	Third Party Property Damage	250,000	1,500
	Hired/Non-Owned Physical Damage-Aggregate	Excluded	
	Hired/Non-Owned Physical Damage-Per Vehicle	Excluded	
	Terrorism	Included	

\*All coverages expire at 12:01 a.m. Standard Time.

Coverage is not afforded for stunts &amp; pyrotechnics except for those declared, scheduled and accepted by the insurance company(s).

For a complete listing of coverages, terms, conditions and exclusions, please view your policy.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/26/2011

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**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> Arts & Entertainment Insurance LLC PO Box 1048, 259 Humphrey Street Marblehead, MA 01945		<b>CONTACT NAME:</b> Drew Gavin McDonough	
Phone No. (781) 639-2723 Fax No. (781) 639-2844		<b>PHONE (A/C No. Ext):</b> (781) 639-2723	<b>FAX (A/C No.):</b> (781) 639-2844
		<b>E-MAIL ADDRESS:</b> artentdrew@gmail.com	
		<b>PRODUCER CUSTOMER ID #:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>NAIC #</b>	
<b>INSURED</b> SUNRISE RECORDING AND FILM PRODUCTIONS 7749 NORMANDY BOULEVARD, SUITE 145-308 Jacksonville, FL 32205		<b>INSURER A:</b> EFM - Empire Fire and Marine Insurance Company	21326
		<b>INSURER B:</b> ZII - Zurich American Insurance Company of Illinois	27855
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
EFM	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			F10126099	09/26/2011	11/25/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
ZII	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC9339865-00 Proof of Workers Compensation Insurance only	09/26/2011	11/25/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
EFM	Inland Marine			F10126099	09/26/2011	11/25/2011	See Attached

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Coverage Location: United States & Canada  
Production  
Certificate Holder is named as an Additional Insured as their interests may appear. BROKEN FAITH  
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<b>CERTIFICATE HOLDER</b> Christian County Courthouse 100 W. Church St OZARK, MO 65721 United States Of America	<b>CANCELLATION</b> 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 
Phone No. 1 Fax No.	

# ADDITIONAL COVERAGE DETAILS

DATE (MM/DD/YY)

09/26/2011

INSURED **SUNRISE RECORDING AND FILM PRODUCTIONS**

The following is attached to and made part of certificate 264894-528886-352132.

Policy Details	Coverage	Limit	Deductible
<b>Inland Marine</b>			
Company:	Empire Fire and Marine Insurance Company		
Policy Number:	F10126099		
*Period:	09/26/2011 - 11/25/2011: 60 Day(s)		
	Miscellaneous Rented Equipment	25,000	1,500
	Props, Sets & Wardrobes	Excluded	
	Negative Film or Videotape	175,000	10% of loss, \$5,000 minimum, \$7,500 maximum
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	Extra Expense	Excluded	
	Third Party Property Damage	250,000	1,500
	Hired/Non-Owned Physical Damage-Aggregate	Excluded	
	Hired/Non-Owned Physical Damage-Per Vehicle	Excluded	
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