/	ć	CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY) 11/11/11				
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). PRODUCER CONTACT												
· ·	INSURANCE COMPANY or AGENCY						NAME: PHONE FAX (A/C, No, Ext): (A/C, No):					
		123 Main St			È-I		E-MAIL ADDRESS:					
Anytown, IN 44444					7.001(1		SURER(S) AFFOR	RDING COVERAGE		NAIC #		
		···· y ······					INSURER A : INSURANCE COMPANY				99999	
IN	SURED	Company Name					INSURER B :					
		Company Name					INSURER C :					
		789 Main St					INSURER D :					
		Anytown, IN 99999										
	COVERAGES CEF			TIFICATE NUMBER:							<u> </u>	
_	-					AVE 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.												
LT	R			SR WVD POLICY NUMBER			(MM/DD/YYYY)	(MM/DD/YYYY)				
	X		X	,	33333333-01		11/11/11	11/11/12	EACH OCCURRENCE DAMAGE TO RENTED	- · -	OLICY IMITS	
^		COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUF			33333333-01			11/11/12	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ L \$		
									PERSONAL & ADV INJURY	\$		
									GENERAL AGGREGATE	\$		
	GEN	I'L AGGREGATE LIMIT APPLIES PER							PRODUCTS - COMP/OP AGO	G \$		
		POLICY PRO- JECT LOC								\$		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ P	OLICY	
									BODILY INJURY (Per person)		LIMITS	
4		ALL OWNED AUTOS NON-OWN			44444444-01		11/11/11	11/11/12	BODILY INJURY (Per acciden PROPERTY DAMAGE	,		
		HIRED AUTOS							(Per accident)	\$		
⊢		UMBRELLA LIAB OCCUF							EACH OCCURRENCE	\$		
	\square	EXCESS LIAB CLAIMS	-MADE		>> SAN	ЛP			AGGREGATE	\$		
		DED RETENTION \$				/ 🔳 🔳				\$		
		RKERS COMPENSATION EMPLOYERS' LIABILITY			44444444-01		11/11/11	11/11/12	X WC STATU- TORY LIMITS EF	4-	POLICY	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE		•					E.L. EACH ACCIDENT	\$	LIMITS	
	(Mar	ICER/MEMBER EXCLUDED? Indatory in NH) s, describe under							E.L. DISEASE - EA EMPLOY	EE \$		
DÉSCRIPTION OF OF		CRIPTION OF OPERATIONS below		_				E.L. DISEASE - POLICY LIMIT \$				
	A Rented Equipment *SPECIAL FORM				5555555555-01		11/11/11	11/11/12	Equipment value n Deductible maxim		m \$100,000 \$2,500	
С * В	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is additional insured and loss payee for rented or leased equipment. *NOTE TO AGENT: SPECIAL FORM COVERAGES ACCEPTABLE: INLAND MARINE OR EXTENDED BUSINESS PERSONAL PROPERTY (coverage anywhere), MINIMUM REPLACEMENT COST \$100,000, GREATER IF EQUIPMENT RENTED VALUE IS HIGHER, MAXIMUM DEDUCTIBLE: \$2,500.											
CERTIFICATE HOLDER CANCELLATION												
Morton Rentals, LLC dba: American Rental							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
dba Create a Scene							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
620 Harding Rd												
Morton, IL 61550							AUTHORIZED REPRESENTATIVE					
						INSURANCE AGENCY NAME						