



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 INSURANCE COMPANY or AGENCY 123 Main St Anytown, IN 44444	CONTACT NAME:			
	PHONE (A/C, No, Ext):	FAX (A/C, No):		
INSURED Company Name 789 Main St Anytown, IN 99999	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A :		INSURANCE COMPANY	99999
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			
INSURER F :				

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	GENERAL LIABILITY	X		33333333-01	11/11/11	11/11/12	EACH OCCURRENCE \$ POLICY	
	☒ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ LIMITS	
	☐ CLAIMS-MADE ☒ OCCUR						MED EXP (Any one person) \$	
							PERSONAL & ADV INJURY \$	
	GENERAL AGGREGATE \$							
	PRODUCTS - COMP/OP AGG \$							
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$	
	☐ POLICY ☐ PRO-JECT ☐ LOC							
A	AUTOMOBILE LIABILITY			44444444-01	11/11/11	11/11/12	COMBINED SINGLE LIMIT (Ea accident) \$ POLICY	
	☐ ANY AUTO						BODILY INJURY (Per person) \$ LIMITS	
	☐ ALL OWNED AUTOS						BODILY INJURY (Per accident) \$	
	☒ SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$	
	HIRED AUTOS						\$	
							\$	
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	☐ OCCUR						AGGREGATE \$	
	EXCESS LIAB						CLAIMS-MADE	
	☐ CLAIMS-MADE							
	DED ☐ RETENTION \$						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			44444444-01	11/11/11	11/11/12	☒ WC STATUTORY LIMITS ☐ OTHER POLICY	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / ☐ N LIMITS						E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
A	Rented Equipment			55555555-01	11/11/11	11/11/12	Equipment value minimum \$100,000	
	*SPECIAL FORM						Deductible maximum \$2,500	

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 620 Harding Rd Morton, IL 61550	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 INSURANCE AGENCY NAME

>>> Please email your completed COI to insurance@americanrental.com <<<