



CERTIFICATE OF INSURANCE REQUEST TODAYS DATE:

Insured's Name _____

City, State, ZIP _____

Policy No. _____

Certificate Holder _____

Mailing Address _____

Attention _____

Fax _____

• **Certificate Coverage**

General Liability

Inland Marine – Equipment Floater

Automobile Liability

Property- Contents & Building

• **Additional Coverage**

Loss Payee

Additional Protected Persons

*if Loss Payee is requested you must provide a loan number or customer account number for the company named as loss payee.
Account# _____

(same as additional insured)

• **Special Instructions/Requirements**

Re-Rents - For re-rents, please provide a description of the equipment, serial number and actual cash value of the item being rented.

Requested by: _____ **Date:** _____

Telephone #: _____ **Fax #:** _____

PLEASE DO NOT WRITE BELOW THIS LINE.

Filled Out by: _____ **Date:** _____

Needed By: _____

Please contact your Client Services Representative at 800/854-3298 if you have any questions.