

Insurance Requirements

General Liability

Minimum Acceptable Limits

Per Occurrence \$1,000,000
General Aggregate \$2,000,000
Fire Legal Liability \$100,000
Medical Payments \$5,000

Automobile

Minimum Acceptable Limits

Liability CSL \$1,000,000 Auto Physical Damage \$150,000

Coverage for Hired and Non-Owned Automobiles

Inland Marine

Minimum Acceptable Limits

Misc. Rented Equipment

The limit must exceed the total value of equipment on the overall rental. Coverage must be on a replacement cost basis including coverage while in transit and at any location. There must be no warranties or exclusions related to unlocked or unattended vehicles and the certificate must state this.

CFG must be included as additional insured and loss payee.

These coverages must be evidenced by a standard certificate of insurance issued by an authorized representative of the insurance carrier.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/1/2014

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).

OCUMEN A OFF	DEVICION NUMBER
	INSURER F:
City, State, Zip	INSURER E:
Address	INSURER D:
Insured Name (Same as Rental Contract)	INSURER C:
INSURED	INSURER B:
	INSURER A:A+ XV Rated Company
City, State, Zip	INSURER(S) AFFORDING COVERAGE NAIC #
Address	E-MAIL ADDRESS: Agent Email
Agent Name	PHONE (A/C. No. Ext): Agent Number FAX (A/C. No):
PRODUCER	CONTACT Agent Name
continuate notati in noa or caen enacrosment(e).	

COVERAGES CERTIFICATE NUMBER: sample 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:	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000, DAMAGE TO RENTED	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			Policy #	mm/dd/yyyy	mm/dd/yyyy	PREMISES (Ea occurrence) \$ 300, MED EXP (Any one person) \$ 10,	000
				_			PERSONAL & ADV INJURY \$ 1,000,	000
							GENERAL AGGREGATE \$ 2,000,	000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,	000
	X POLICY PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY			Policy #			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,	000
A	ANY AUTO			Hired Auto Physical			BODILY INJURY (Per person) \$	
	ALL OWNED X SCHEDULED AUTOS			Damage - \$100,000	mm/dd/yyyy	mm/dd/yyyy	BODILY INJURY (Per accident) \$	
	X HIRED AUTOS X NON-OWNED AUTOS			Comprehensive Ded-\$1000			PROPERTY DAMAGE (Per accident) \$	
				Collision Ded- \$1000			\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
	DED RETENTION\$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOTERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under						E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
A	Owned & Rented Equipment			Policy #	mm/dd/yyyy	mm/dd/yyyy	Limit \$125,	000
	Special Form R/C						Deductible \$1,	000
								•

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is included as additional insured and/or loss payee as required by written contract or agreement but only as respect to operations of the named insured per attached form HG00010605. There are no warranties or exclusions related to unlocked or unattended vehicles.

OEKTII IOATE HOEDEK	CANOLLEATION			
CFG Rental Group, LLC 13290 Weidner Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Pacoima, CA 91331	AUTHORIZED REPRESENTATIVE			
ı	Kenneth Tucker/JULIE			

CANCELL ATION

CEDTIEICATE HOLDED