



## INSURANCE REQUIREMENT SUMMARY

### Automobile Liability Insurance:

TRUCKS AND TRAILERS

Commercial Auto Liability insurance coverage for loss, injury, death or damage occasioned or caused by, or in any way connected to, the Rented Vehicle. Customer's Commercial Automobile Liability policy shall satisfy the following requirements:

- 1) covering hired, non-owned, and rented vehicles with a minimum coverage limit of \$1,000,000 combined single limit per occurrence
- 2) be issued by an insurance company with an A.M. Best's rating of AVII or better;
- 3) be endorsed to include Premier Truck Rental LLC (PTR) as Additional Insured
- 4) be endorsed to waive any and all subrogation against PTR;
- 5) be primary and non-contributory with a deductible of less than \$5,000

### Hired Auto Physical Damage Coverage:

TRUCKS AND TRAILERS

Physical damage coverage to insure the Rented Vehicle against all risks of physical loss or damage for not less than the actual cash value of the Vehicle. Customer's physical damage coverage shall satisfy the following requirements:

- 1) be endorsed to include PTR as Loss Payee;
- 2) be in full force and effect throughout the term of the Rental Contract
- 3) be endorsed to provide PTR at least ten (10) days written notice prior to the policy being altered or canceled (if not endorsed, Customer agrees to provide notice).

\*THESE REQUIREMENTS MAY BE PROVIDED ON AN ADDENDUM TO THE CERTIFICATE WHEN NECESSARY.

### Commercial General Liability Insurance:

ALL RENTAL UNITS

Applicable to All Rental Units

- 1) covering bodily injury liability and property damage liability with limits of not less than \$1,000,000 combined single limit per occurrence, aggregate limit of \$2,000,000
- 2) be issued by an insurance company with an A.M. Best's rating of AVII or better;
- 3) be endorsed to include Premier Truck Rental LLC (PTR) as Additional Insured
- 4) be endorsed to waive any and all subrogation against PTR;
- 5) be primary and non-contributory

### General Liability and Leased, Rented, Borrowed Equipment:

UTV AND ATVS

- 1) commercial general liability on an occurrence form for bodily injury liability and property damage liability with limits of not less than \$1,000,000 combined single limit each occurrence;
- 2) leased, rented, and borrowed equipment with limits no less than the total actual cash value of the equipment being rented. Coverage should be primary and non-contributory;
- 3) waiver of subrogation on the general liability in favor of Premier Truck Rental, LLC.
- 4) both policies should include Premier Truck Rental, LLC as an additional insured (general liability) and loss payee (equipment).

**New customers must furnish acceptable evidence of required insurance before equipment will be delivered or released**

Certificate Holder should read as follows:

**Premier Truck Rental**  
9138 Bluffton Road  
Fort Wayne, IN 46809

Insurance certificates may be emailed to: [ins@rentptr.com](mailto:ins@rentptr.com)

### Questions regarding coverages and certificates:

Premier Truck Rental Insurance Contact (260) 222-2830, [ins@rentptr.com](mailto:ins@rentptr.com)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/26/2020

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> ABC Agency, INC. 125 Main St Any Town, IN 11111	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> XYZ Contracting, Inc. 123 Brick Road Any Town, IN 11111	<b>INSURER A :</b>		
	<b>INSURER B :</b>		
	<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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<b>GENERAL LIABILITY</b>			1234567	09/01/2020	09/01/2021	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	Y				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000	
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GENERAL AGGREGATE			\$ 2,000,000					
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	<b>AUTOMOBILE LIABILITY</b>			1234567	09/01/2020	09/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO	Y	Y				BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS						<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	\$
						\$			
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$	
	<b>EXCESS LIAB</b>						AGGREGATE	\$	
	DED	RETENTION \$						\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATU-TORY LIMITS	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
A	Hired Auto Physical Damage			1234567	09/01/2020	09/01/2021	\$5,000 Deductible Comprehensive & Collision		

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Premier Truck Rental, LLC is named as additional insured/lessor and loss payee on the auto policy for leased and rented vehicles. Coverage includes comprehensive and collision coverage for no less than actual cash value of the vehicle with deductible of \$5,000 or less. Coverage is primary and non-contributory and includes a waiver of subrogation. Premier Truck Rental, LLC will be provided as least 10 days notice prior to cancellation.

**CERTIFICATE HOLDER****CANCELLATION**

Premier Truck Rental, LLC Attn: Risk Management Department 9138 Bluffton Road Fort Wayne, IN 46809	<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.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> Signature of insurance agent or representative



# CERTIFICATE OF LIABILITY INSURANCE

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<b>PRODUCER</b> ABC Agency, Inc. 125 Main Street Any Town, IN 11111	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____														
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A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	1234567	09/01/2020	09/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000								
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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 DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____								
	<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	Y/N	N/A				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ _____</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ _____</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ _____</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ _____	E.L. DISEASE - EA EMPLOYEE	\$ _____	E.L. DISEASE - POLICY LIMIT	\$ _____
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