

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) X/X/XXXX

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 have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to							req	uire an end	orsemen	t. As	tatement on	
	DUCER	CONTACT John Doe NAME:											
SAMPLE (Client's Insurance Agent)						PHONE (A/C, No, Ext): XXX-XXX-XXXX					FAX (A/C, No):		
						E-MAIL ADDRESS: xxxx@xxxx.com							
						INSURER(S) AFFORDING COVERAGE NAIC #							
		INSURER A : SAMPLE (Name of INSURER)											
INSURED						INSURER B:							
SAMPLE (Client's Business Name & Address)						INSURER C:							
						INSURER D:							
						INSURER E :							
		INSURER F:											
CO	VERAGES CER	REVISION NUMBER:											
T IN C	HIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES OF EQUII PER POLIC	F INS REME TAIN, CIES.	URANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY	TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS.	RED R DO	NAMED ABO CUMENT WI	VE FOR T	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	WVD	UBR NVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS					
1	COMMERCIAL GENERAL LIABILITY								CH OCCURREN		\$		
	CLAIMS-MADE OCCUR							PRE	MAGE TO RENT MISES (Ea occi	LD urrence)	\$		
								ME	D EXP (Any one	person)	\$		
								PER	RSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$			\$		
	POLICY PRO- JECT LOC										\$		
	OTHER:							COL	MDINIED CINICI E	LIMIT	\$	4 000 000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$			1,000,000		
	X ANY AUTO	X	X	XXXXXX		X/X/XXXX	X/X/XXXX	BOE	DILY INJURY (Pe	er person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS								DILY INJURY (PE		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per	accident)	JE	\$		
											\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			\$		
	EXCESS LIAB CLAIMS-MADE							AGO	GREGATE		\$		
D	DED RETENTION \$							v	PER	OTH-	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							Х	PER STATUTE	ĔR			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$					
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE \$					
								E.L. DISEASE - POLICY LIMIT \$			\$		
D= 0	ODIDION OF ODER ATIONS (1 CONTINUE !	L		104 Additional D		ub12							
C n tc	ity Rent A Truck LLC is an addit on-contributory. Waiver of subro- o rental agreement, all vehicles re omprehensive and collision physiamage on a rented truck, City Re	ional gatic ente	l inso on ap d fro dam	ured on the auto liabiopplies in favor of Cityom City Rent A Truck nage equal to the valu	lity ins Rent A LLC a le sho	surance no A Truck LL are insured wn in the i	ted above. C on the a on the con	Au uto	liability no ercial auto	oted abo	ove. I noted	Pursuant d above for	
CE	RTIFICATE HOLDER				CANC	ELLATION							
CLITIFICATE HULDER						CANCELLATION							
City Rent A Truck 10931 N. Congress Ave						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Kansas City, MO 64153												

ACORD 25 (2016/03)

AUTHORIZED REPRESENTATIVE