

## **Certificate of Insurance Requirements**

To receive approval of your EPP Opt Out request, your insurance policy will need to meet minimum requirements. These requirements include minimum coverage limits and description provisions, and need to be included in the submitted Certificate of Insurance (COI). If you provide these requirements and sample COI to your insurance agent, they will be able to confirm if your policy meets these minimum requirements and provide you with an effective COI for submission with your EPP Opt Out request.

The following are the minimum coverage limits for General Liability:

• Each Occurrence: \$1MM

• Damage to Rented Premises: \$100,000

• Medical Expenses: \$5,000

Personal & Advertising Injury: \$500,000

General Aggregate: \$1MM

Products – Comp/Op Agg: \$1MM

The following are the minimum coverage limits for Automobile Liability:

Combined Single Limit: \$1MM

The following are the minimum coverage limits for Workers Compensation and Employers' Liability:

- Employers' Liability Each Accident: \$1MM
- Employers' Liability Disease Each Employee: \$1MM
- Employers' Liability Disease Policy Limit: \$1MM

The COI must include coverage of \$(Value of Rented Equipment) for Rented Equipment.

The COI must specify for Rented Equipment a Maximum Deductible of \$5,000.

In the Description of Operations section, the COI must include: "RentalMax, LLC is additional insured under General Liability and loss payee on rented or leased equipment."

• Note to Agent: Special Form coverages acceptable: Inland Marine or Extended Business Personal Property (coverage anywhere), Replace Cost Value Equal or Greater Than Value of Equipment Rented. Maximum Deductible: \$5,000.

The Certificate Holder field must read: RentalMax, LLC 124 N. Schmale Road Carol Stream, IL 60188



## 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).

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PRODUCER		CONTACT NAME:						
	INSURANCE COMPANY or AGENCY	PHONE (A/C, No, Ext):	FAX (A/C, No):					
	123 Main St	E-MAIL ADDRESS:						
	Anytown, IN 44444		INSURER(S) AFFORDING COVERAGE					
		INSURER A:	INSURANCE COMPANY	99999				
INSURED		INSURER B:						
	Company Name	INSURER C:						
	789 Main St	INSURER D :						
	Anytown, IN 99999	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		ADDL INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	Х		333333333-01	11/11/11	11/11/12	DAMAGE TO DENTED	0,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person) \$	5,000
							PERSONAL & ADV INJURY \$ 50	0,000
							GENERAL AGGREGATE \$ 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,00	0,000
	POLICY PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,00	0,000
A	ANY AUTO				11/11/11	11/11/12	BODILY INJURY (Per person) \$	
	ALL OWNED X SCHEDULED AUTOS		4	44444444-01			BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
							\$	
	UMBRELLA LIAB OCCUR		,				EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE			>> SAMP	LE •	<<	AGGREGATE \$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- TORY LIMITS OTH- ER	
A	ANY PROPRIETOR/PARTXER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		. 2	44444444-01	11/11/11	11/11/12	E.L. EACH ACCIDENT \$ 1,000,	000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,	000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,	000
Α	Rented Equipment			5555555555-01	11/11/11	11/11/12	Blanket \$(Value of Rente	d Equip
	*SPECIAL FORM						<b>Deductible</b> MAX	\$5,000

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

Rental Max, LLC is additional insured under General Liability and loss payee on rented or leased equipment.

\*NOTE TO AGENT: SPECIAL FORM COVERAGES ACCEPTABLE: INLAND MARINE OR EXTENDED BUSINESS PERSONAL PROPERTY (coverage anywhere), REPLACEMENT COST VALUE EQUAL OR GREATER THAN VALUE OF EQUIPMENT RENTED, MAXIMUM DEDUCTIBLE: \$5,000.

CERTIFICATE HOLDE	R
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Rental Max, LLC 124 N. Schmale Road Carol Stream IL 60188 FAX: 630-221-1144

## CANCELLATION

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**