

VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

| | | |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| PRODUCER | CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: _____ | |
| INSURED | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : | |

DESCRIPTION OF VEHICLE OR EQUIPMENT

| YEAR | MAKE / MANUFACTURER | MODEL | BODY TYPE | VEHICLE IDENTIFICATION NUMBER |
|--------------------|---------------------|-------|----------------------------------------------|-------------------------------|
| DESCRIPTION | | | VEHICLE / EQUIPMENT VALUE \$ _____ | SERIAL NUMBER |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------|-------------|--------------------------------------------------------------------|---------------|------------------------------------|-------------------------------------|------------------------------------------------------------------|-----------------------|
| | | <input type="checkbox"/> VEHICLE LIABILITY | | | | <input type="checkbox"/> COMBINED SINGLE LIMIT | \$ _____ |
| | | | | | | <input type="checkbox"/> BODILY INJURY (Per person) | \$ _____ |
| | | | | | | <input type="checkbox"/> BODILY INJURY (Per accident) | \$ _____ |
| | | | | | | <input type="checkbox"/> PROPERTY DAMAGE | \$ _____ |
| | | <input type="checkbox"/> GENERAL LIABILITY | | | | <input type="checkbox"/> EACH OCCURRENCE | \$ _____ |
| | | <input type="checkbox"/> OCCURRENCE | | | | <input type="checkbox"/> GENERAL AGGREGATE | \$ _____ |
| | | <input type="checkbox"/> CLAIMS MADE | | | | | \$ _____ |
| INSR LTR | LOSS PAYEE | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS / DEDUCTIBLE | |
| | | <input type="checkbox"/> VEH COLLISION LOSS | | | | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ _____ LIMIT |
| | | | | | | <input type="checkbox"/> <input type="checkbox"/> STATED AMT | \$ _____ DED |
| | | <input type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC | | | | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ _____ LIMIT |
| | | | | | | <input type="checkbox"/> <input type="checkbox"/> STATED AMT | \$ _____ DED |
| | | <input type="checkbox"/> EQUIPMENT | | | | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ _____ LIMIT |
| | | <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD | | | | <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT | \$ _____ DED |
| | | <input type="checkbox"/> SPECIAL | | | | <input type="checkbox"/> | \$ _____ DED |

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ADDITIONAL INTEREST

CANCELLATION

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Select one of the following:</p> <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s). | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> |
| VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED | DESCRIPTION OF THE ADDITIONAL INTEREST |
| NAME AND ADDRESS OF ADDITIONAL INTEREST | <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE |
| | LOAN / LEASE NUMBER |
| | AUTHORIZED REPRESENTATIVE |