Proper Insurance Coverage for rented equipment

Making sure you have the proper coverage can be tough, and confusing at times. This is a simple tool to help curve confusion on full rental coverage.

Two types of insurance coverage needed on all rental customers:

General Liability Insurance - covers W.C.E.R Equipment if someone should sue because of an incident occurring during the rental period.

- 1. Should indicate General Liability Coverage.
- 2. Minimum \$1 million dollar coverage.

Physical Damage Insurance - covers the costs of any damages to the machine while the customer has possession of the machine.

- **3.** Here there should be something listed for "rented/leased equipment". *Can also be a blanket coverage listed as "Inland marine", or "floater".
- **4.** In this section there should be an amount greater than the rental equipment you are renting.
- **5.** Here will be where the information pertaining to the rented/leased equipment will be. *If you have a blanket policy for this, it will just list West County Equipment as a loss payee.
- **6.** This section needs to list the information below:

West County Equipment Rental PO box 191 Shelburne Falls Ma, 01370

This is just basic information to help us expedite your rental process. If you have any questions regarding coverage, contacting your insurance company is the only way to get it figured out.



CERTIFICATE OF LIABILITY 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.

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. Astatement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Your Insurance agency 123 insurance Dr Insurance, Ma 01234		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
			INSURER(S) AFFORDING COVERAGE	NAIC#
	1	INSURER A	This area should include all information	
Your Company 123 Company Dr Company, Ma 01234		INSURER B	about the company providing the	
		INSURER C	coverage.	
		INSURER D		
		INSURER E:		
		INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER

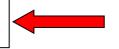
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREINIM, SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED D CLAIMS. ADDL SUB POLICY EXP (MM/DD/YYYY TYPE OF INSURANCE LIMITS POLICY NUMBER LTR wvi GENERAL LIABILITY * \$ 1,000,000 AMAGE TI RENTED REMISE (Ea occurrence) COMMERCIAL GENERAL LIABILITY 50,000 5,000 CLAIMS-MADE OCCUR MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG 2,000,000 POLICY X PRO-COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 1,000,000 (Ea accident) X BODILY INJURY (Per person) ANYAUTO SCHEDULED ALLOWNED BODILY INJURY (Per accident) S NON-OWNED PROPERTY DAMAGE HIRED AUTOS **AUTOS** (Per accident) UMBRELLA LIAB 1,000,000 OCCUR EACH OCCURRENCE EXCESS LIAB AGGREGATE \$ 1,000,000 CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X WC STATU-TORY LIMITS Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 100,000 E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE 100,000 500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS below More than value of equipment Leased/rented equipment Limit: * Deductible: Inland marine policy TION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule. if more space is required)

Example: West County Equipment is listed as lost payee for following: Said name of equipment, value, and s/n.



CERTIFICATE HOLDER

West County Equipment Rentals PO box 191 Shelburne Falls Ma, 01370



CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE