



## **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
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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. A statement 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): \_\_\_\_\_ FAX (A/C, No): \_\_\_\_\_  
E-MAIL:  
ADDRESS:

Your Company  
123 Company Dr  
Company, Ma 01234

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A	This area should include all information about the company providing the coverage.	
INSURER B		
INSURER C		
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 HEREIN, SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED D CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUB WWI	POLICY NUMBER	POLY (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any oneperson) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMPI/OP AGG \$ 2,000,000
<input checked="" type="checkbox"/>	ANYAUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ALLOWED AUTOS						BODILY INJURY (Per person) \$
	HIRED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS						\$
<input checked="" type="checkbox"/>	UMBRELLA LIAB						EACH OCCURRENCE \$ 1,000,000
	EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	DED <input checked="" type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
	Leased/rented equipment Or Inland marine policy						E.L. DISEASE - POLICY LIMIT \$ 500,000

SAMPLE



1

2



3\*

4



Limit: More than value of equipment  
Deductible:

DESCRIPTION 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.



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## CERTIFICATE HOLDER

## CANCELLATION

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



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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