



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
DATE

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).

PRODUCER ABC INSURANCE AGENCY MAIN STREET CITY, STATE ZIP AGENT PHONE	CONTACT NAME: AGENT CONTACT
	PHONE (A/C, No, Ext): AGENT PHONE FAX (A/C, No): AGENT FAX E-MAIL ADDRESS: AGENT EMAIL
INSURED ABC COMPANY ADDRESS CITY, STATE ZIP	INSURER(S) AFFORDING COVERAGE INSURER A : INSURING COMPANY
	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 IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> POLLUTION LIAB GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	ABC12345	EFFECTIVE	EXPIRE	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> POLLUTION	X	X	ABC12345	EFFECTIVE	EXPIRE	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ABC12345	EFFECTIVE	EXPIRE	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	ABC12345	EFFECTIVE	EXPIRE	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	LEASE/RENT EQUIP*			ABC12345	EFFECTIVE	EXPIRE	UNIT VALUE - BLKT LIMIT
A	HIRED CAR PD**			ABC12345	EFFECTIVE	EXPIRE	UNIT VALUE - BLKT LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional insured/Lessor in favor Vacuum Truck Rentals, LLC, its affiliated companies, its coventurers, and its (their) employees, officers, and directors as additional insureds with respects to General Liability and Auto Liability.

Waiver of Subrogation in favor of Vacuum Truck Rentals, LLC, its affiliated companies, its coventurers, and (See Attached Descriptions)

CERTIFICATE HOLDER VACUUM TRUCK RENTALS, LLC PO BOX 180789 RICHLAND MS 39218	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 SIGNATURE
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DESCRIPTIONS (Continued from Page 1)

its (their) directors to Vacuum Truck Rentals, LLC, its affiliated companies, its coventures, and its (their) directors with respects to General Liability, Auto Liability, and Workers Compensation.

Vacuum Truck Rentals, LLC its affiliated companies, its coventurers, and its (their) employees, officers, and directors as additional insured/lessor with respects to the (LEASED UNIT DESCRIPTION) and (VALUE OF UNIT).

Broad form pollution liability including clean up costs endorsement included on auto liability policy. (TRANSPORTATION POLLUTION POLICY MAY BE USED - PROVIDE COMPANY, POLICY NUMBER, DATE, LIMIT)

Pollution liability endorsement including clean up cost included on general liability policy. (CONTRACTORS POLLUTION POLICY MAY BE USED - PROVIDE COMPANY, POLICY NUMBER, DATE, LIMIT)

* LEASE/RENT EQUIPMENT COVERAGE MAY BE USED IN LIEU OF HIRED CAR PHYSICAL DAMAGE ONLY IF EVIDENCE GIVEN THAT EQUIPMENT IS DEFINED TO INCLUDE VACUUM TRUCKS, TANKERS, AND TRAILERS*

**IF HIRED CAR PHYSICAL DAMAGE LIMIT IS BLANKET - CERTIFICATE NEEDS TO STATE LIMIT THAT IS ADEQUATE TO COVER UNIT **

Vacuum Truck Rentals, LLC
Minimum Insurance Requirements

YES	NO	
		Certificate Holder to read: Vacuum Truck Rentals, LLC P O Box 180789 Richland, MS 39218
		Policy effective & expiration dates need to be current
		Policy Number for each line of coverage
		General Liability minimum limits required: Each Occurrence \$1,000,000 Damage to Rented Premises \$50,000 Medical Expense \$5,000 Personal & Advertising Injury \$1,000,000 General Aggregate \$2,000,000 Products & Completed Operations Aggregate \$2,000,000
		Commercial General Liability – <input checked="" type="checkbox"/> OCCUR
		Gen'l Aggregate Limit Applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc <i>(Check 1 Box)</i>
		General Liability – Additional Insured
		General Liability – Waiver of Subrogation
		General Liability – Pollution <i>(or can be a stand-alone Contractors Pollution Policy)</i> including cleanup costs
		Automobile Liability minimum limits required: \$1,000,000 Combined Single Limit <input checked="" type="checkbox"/> ANY AUTO (OR) <input checked="" type="checkbox"/> HIRED AUTO/NON-OWNED AUTOS ONLY
		Auto Liability – Additional Insured/Lessor
		Auto Liability – Waiver of Subrogation
		Auto broadened pollution including cleanup costs (or) Transportation
		Umbrella Liability minimum limits required: Each Occurrence \$1,000,000
		<input type="checkbox"/> Umbrella OR Excess Liability <input type="checkbox"/> <i>(mark one or the other)</i> <input checked="" type="checkbox"/> OCCUR
		Workers Compensation and Employers' Liability minimum limits required: EL Each Accident \$1,000,000 EL Disease – EA Employee \$1,000,000 EL Disease – Policy Limit \$1,000,000
		Workers Compensation Statutory <input checked="" type="checkbox"/> <i>(has to be marked)</i>
		Workers Compensation – Waiver of Subrogation
		Auto Physical Damage Coverage - we allow customer 3 options to cover our units: 1. Hired Car Physical Damage (HCPD) at Actual Cash Value (ACV) for the value of truck (if blanket limit – so state as well as limit) under Automobile Policy OR 2. Leased/Rented Equipment Policy with equipment definition to include Vacuum Trucks, Tankers, and Trailers. We require this definition because just stating equipment could mean it is not licensed or tagged to run over the intrastate and our units are. <i>(definition must appear on Acord form)</i> OR 3. Description and value of unit – Scheduled on Acord form (must also state Comp/Collision Deductibles or HCPD)
		<i>Note: If Scheduling or just listing the description and value of unit on the certificate, the customer will need to then specify following the value of the unit with Comp & Collision Deductibles or HCPD (meaning the unit is covered on the Automobile Policy for HCPD). Otherwise, it will appear that the value of the unit is not covered under HCPD.</i>

Attachment A
Certificate of Insurance Requirements of Lessee

The Certificate of Insurance must indicate the following and applies specifically to Commercial General Liability, Business Automobile Liability, Leased Equipment Physical Damage, Workers Compensation, Employer's Liability, and Umbrella Liability policies and any other policies that are required by Contract. Certificate must evidence all "Minimum Insurance Requirements" as provided on accompanying checklist and sample certificate of insurance.

- a) Name of Insurance Company
- b) Current Policy Period
- c) Name of Lessee as Insured
- d) Thirty (30) days prior written notice to certificate holder of cancellation (including cancellation for non-payment of premium) or any material change in the terms of the policy.
- e) Assignment & relinquishment of all subrogation rights against Vacuum Truck Rentals, LLC, its affiliated companies, its coventurers, and its (their) directors to Vacuum Truck Rentals, LLC, its affiliated companies, its coventurers, and its (their) directors with respect to General Liability, Auto Liability and Worker's Compensation.
- f) Name Vacuum Truck Rentals, LLC, its affiliated companies, its coventurers, and its (their) employees, officers, and directors as additional insured with respects to General Liability and Auto Liability.
- g) Name Vacuum Truck Rentals, LLC, its affiliated companies, its coventurers, and its (their) employees, officers, and directors as loss payee with respects to the Leased Unit and Physical Damage policy.
- h) Acceptable wording for (d), (e), (f) and (g) above; Policies provide for thirty (30) days prior written notice of cancellation of policies to, and for assignment & relinquishment of subrogation rights in favor of, and for naming as additional insureds, Vacuum Truck Rentals, LLC, its affiliated companies, its coventurers, and its (their) employees, officers, and directors.

In addition, Lessor requires the following endorsements for lessee's insurance coverage:

General Liability - \$1,000,000 per occurrence & \$2,000,000 aggregate limits

- a) Comprehensive Form
- b) Premises/Operations
- c) Contractual Liability Insurance
- d) Independent Contractors
- e) Pollution Liability Endorsement including Clean-up Costs

Business Automobile Liability - \$1,000,000 per accident

- a) Comprehensive Form
- b) Owned
- c) Hired
- d) Non-Owned Liability
- e) Broad Form Pollution Liability Endorsement including Clean-up Costs

Leased Equipment Physical Damage

Certificate must evidence the limit of liability acceptable to Lessor. This limit must be equal to the value of the leased unit.

Worker's Compensation Insurance

Certificate must evidence Worker's Compensation insurance as may be required by all State and Federal Worker's Compensation acts (such as the Federal Longshoremen's and Harbor Workers Compensation Act) and any such other acts as may be applicable to the work performed by Lessee.

Employers Liability Insurance - \$1,000,000 per occurrence limit

Umbrella Liability Insurance - \$1,000,000 per occurrence limit

Umbrella Liability Insurance must be "follow form" over the coverages and limits (General Liability, Automobile Liability, and Employers Liability) required above.