

<b>ACORD</b>	<b>CERTIFICATE OF LIABILITY INSURANCE</b>	DATE (MM/DD/YY)
<b>PRODUCER</b> XYZ Insurance Co. Address Address Phone: Fax		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> Address Address Address Phone: Fax		<b>INSURERS AFFORDING COVERAGE</b>
		INSURER A: *
		INSURER B: *
		INSURER C: *
		INSURER D: *
		INSURER E: *

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAMS MADE <input checked="" type="checkbox"/> OCCUR ----- ----- GENR AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Need Policy # and Dates			EACH OCCURRENCE \$ 2,000,000.00 FIRE DAMAGE (Any one fire) \$ 2,000,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPROP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	SAMPLE			\$ - \$ - \$ -
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ - OTHER THAN EA ACC AGG \$ - AUTO ONLY \$ -
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ -				EACH OCCURRENCE \$ - AGGREGATE \$ - \$ - \$ - \$ -
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				LIMITS [ ] OTHER (L) EACH ACCIDENT (D) DISEASE - EA EMPLOYEE (E) DISEASE - POLICY LIMIT
	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Leased-Rented Equipment- Special Form	Need Policy # and Dates			

**CERTIFICATE HOLDER**

**Certificate holder is added as additional insured and loss payee with respect to any leased/rented equipment**

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED, INSURER LETTER</b>	<b>CANCELLATION</b>
<b>ACTION RENTALS, LLC</b> 3001 NW South River Drive Miami, FL 33142 Tel. 786-693-8210 Toll Free 1-877-693-8210 www.actrents.com		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS/REPRESENTATIVES
		AUTHORIZED REPRESENTATIVE JOHN DOE
		<b>JOHN DOE</b>