

CONTRACTORS EQUIPMENT COMPANY

Indianola, PA 15051 Phone: 412-828-6960 FAX: 412-828-6285

www.americancontractors.com

DATE:	<u> </u>	# OF PAGES BEING TRANSFERRED:	
TO:	•	FAX:	
Please issue following e	a Certificate of Insurance for quipment:	and fax to us today so that you have proper coverage for the	
EQUIPME	NT BEING RENTED:		
	Description:	Make/Model:	
	Serial Number:	Unit Number:	
	Replacement Value: \$	Start Rent Date:	
Option #1,	Blanket certificate, providing coverage for multiple units and or rentals needed for an occasional or ongoing basis.		
Option #2,	Option #2, A specific certificate providing coverage for the above-referenced equipment listing make, model, serial number, and replacement value.		
The Certific	ate must have the following i	nformation:	
⊠ WORK	•	URANCE, with a minimum of \$100,000 per accident and a	
coming a inti	AL LIABILITY INSURANCE imum of \$1,000,000, naming . AL INSURED.	E, with Commercial General Liability and Commercial Umbrella AMERICAN CONTRACTORS EQUIPMENT COMPANY as	
AT DECEMBED OF		insuring the replacement value of the equipment listed or provide erage listed for leased or rented equipment, naming AMERICAN ANY as LOSS PAYEE. DEDUCTIBLE MUT BE LISTED.	
ALL EQU	JIPMENT MUST HAVE CON	MPLETE OVERLOAD PROTECTION. ELESCOPING FORKLIFTS MUST HAVE OVERLOAD	
physical dama have a CDL D	ge, auto liability, and Commer rivers license.	AGE: Coverage must be documented as In Transit coverage on the quipment. Customer must have a commercial auto policy with reial Umbrella totaling a minimum of \$1,000,000. Driver must	
(This appli	es to vehicles that can b	e driven on the highway picked up by customer).	
		EIVED WITHIN 30 DAYS OF CANCELLATION.	
	certificate of insurance to:	American Contractors Equipment Company	
_	113 030 (305		

FAX: 412-828-6285 Attn: Brett Taylor *EQUIPMENT CANNOT BE RELEASED UNTIL CERTIFICATE IS PROVIDED*