



Minimum Rental Insurance Requirements - MOBILE CAMERA

The Jack Doheny Companies requests an "Acord Certificate of Liability Insurance" from your insurance company listing Jack Doheny Companies, Inc. as Additional Insured with the following minimum requirements (see attached Sample Form).

*****In the event these requirements cannot be met, contact Jack Doheny Companies Corporate Rental Office at 1-800-336-4369*****

General Liability

Each Occurrence:	\$1,000,000
Personal & ADV Injury:	\$1,000,000
General Aggregate:	\$2,000,000
Products – Comp/OP	\$2,000,000
Aggregate:	

***** Insurance Certificate MUST note coverage for Physical Damage in addition to Liability coverage *****

Excess/Umbrella Liability

Each Occurrence:	\$1,000,000
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Workers Compensation and Employers' Liability

E.L. Each Accident:	\$500,000
E.L. Disease – EA Employee:	\$500,000
E.L. Disease – Policy Limit:	\$500,000

Description of Operations (Blanket Coverage)

Certificate holder (lessor) is included as an additional insured/loss payee as follows:

- An additional insured on the commercial general liability
- Loss payee for loss or damage to rented/leased equipment (other than auto)

Description of Operations (Unit Specific Coverage)

Certificate holder (lessor) is included as an additional insured/loss payee as follows:

- An additional insured on the commercial general liability
 - Loss payee for loss or damage to rented/leased equipment (other than auto)
- (Describe unit by Module serial number including replacement value)

Certificate Holder:

Jack Doheny Companies, Inc.
PO Box 609
Northville, MI 48167



777 DOHENY COURT
PO BOX 609
NORTHVILLE MI 48167
t 248.349.0904
f 248.349.2774

Camera and Related Equipment Additional Insurance Requirements/Addendum

INSURANCE REQUIREMENT: In addition to the insurance required by the Rental Terms and Conditions, Lessee agrees that it will purchase and maintain in force during the time this Agreement is in effect, commercial articles insurance coverage in the amount of \$_____ through a Commercial Inland Marine Policy covering the attached schedule of equipment. Such insurance shall be written by an insurance company of adequate financial responsibility acceptable to Lessor, insuring Lessee against any risk of direct physical loss, including breakage. The insurance shall by endorsement name Lessor as an additional insured and loss payee. Such endorsement shall provide that said insurance company shall give Lessor at least thirty (30) days' notice in writing of the proposed cancellation, modification or alteration of any said insurance. Lessee shall furnish Lessor with a copy of the policy referred to above or other evidence thereof acceptable to the Lessor upon request.



SAMPLE: MOBILE CAMERA CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/28/2016

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 XYZ Insurance Agency 123 Main Street Your Town MI 54321		CONTACT NAME: Jane Doe PHONE (A/C. No. Ext): (999)999-9999 E-MAIL ADDRESS: jdoe@xyzinsurance.com FAX (A/C. No): (999)999-9999															
INSURED ABC Sewer Cleaning 123 Main Street Anywhere MI 99999		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Al Insurance Company</td> <td>12345</td> </tr> <tr> <td>INSURER B: First Insurance Company</td> <td>23456</td> </tr> <tr> <td>INSURER C: WYO Insurance Company</td> <td>34567</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Al Insurance Company	12345	INSURER B: First Insurance Company	23456	INSURER C: WYO Insurance Company	34567	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: 16-17

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			A12345678	12/9/2016	12/9/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			C123456789	12/9/2016	12/9/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	D123456789	12/12/2016	12/12/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	INLAND MARINE POLICY REQUIRED PER THE ATTACHED						

SAMPLE FORM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

MUST LIST THE FOLLOWING VERBIAGE: (BLANKET COVERAGE)

Certificate holder (lessor) is included as an additional insured/loss payee as follows:
 -An additional insured on the commercial general liability
 -Loss payee for loss or damage to rented/leased equipment (other than auto)

CERTIFICATE HOLDER**MUST LIST THIS NAME AND ADDRESS**

Jack Doheny Companies
 PO Box 609
 Northville, MI 48167

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

Jane Doe (Signature of Authorized Representative)

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