



## **Minimum Rental Insurance Requirements - TRUCK**

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 Aggregate:	\$2,000,000

### **Automobile Liability**

Combined Single Limit:	\$1,000,000
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**\*\*\* Insurance Certificate MUST note coverage for Automobile 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 on the physical damage section of the commercial automobile policy with respect to any rented/leased vehicles/trailers per the rental agreement with named insured

### **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 on the physical damage section of the commercial automobile policy with respect to any rented/leased vehicles/trailers per the rental agreement with named insured
- (Describe unit by VIN and Module serial number including replacement value)

### **Certificate Holder:**

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



# SAMPLE: COMMERCIAL TRUCK 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).

<b>PRODUCER</b> XYZ Insurance Agency 123 Main Street  Your Town MI 54321		<b>CONTACT NAME:</b> Jane Doe <b>PHONE (A/C. No. Ext):</b> (999)999-9999 <b>E-MAIL ADDRESS:</b> jdoe@xyzinsurance.com <b>FAX (A/C. No.):</b> (999)999-9999																						
<b>INSURED</b> ABC Sewer Cleaning 123 Main Street  Anywhere MI 99999		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Al Insurance Company</td> <td>12345</td> </tr> <tr> <td>INSURER B:</td> <td>First Insurance Company</td> <td>23456</td> </tr> <tr> <td>INSURER C:</td> <td>WYO Insurance Company</td> <td>34567</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 <input type="checkbox"/> 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	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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			B123456789	12/9/2016	12/9/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			C123456789	12/9/2016	12/9/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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

## 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 on the physical damage section of the commercial automobile policy with respect to any rented/leased vehicles/trailers per the rental agreement with named insured.

<b>CERTIFICATE HOLDER</b>  <b>MUST LIST THIS NAME AND ADDRESS</b>  Jack Doheny Companies PO Box 609 Northville, MI 48167	<b>CANCELLATION</b>  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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