

SAMPLE

CERTIFICATE OF INSURANCE

Date (MM/DD/YY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.										
INSURED <p style="text-align: center;">Name & Address of Rental Customer</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">COMPANIES AFFORDING COVERAGE</th> </tr> <tr> <td style="text-align: center;">COMPANY A</td> <td style="text-align: center;">Insurance Company Name</td> </tr> <tr> <td style="text-align: center;">COMPANY B</td> <td style="text-align: center;">Insurance Company Name</td> </tr> <tr> <td style="text-align: center;">COMPANY C</td> <td style="text-align: center;">Insurance Company Name</td> </tr> <tr> <td style="text-align: center;">COMPANY D</td> <td></td> </tr> </table>	COMPANIES AFFORDING COVERAGE		COMPANY A	Insurance Company Name	COMPANY B	Insurance Company Name	COMPANY C	Insurance Company Name	COMPANY D	
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COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS														
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY	Policy Number	Effective Date	Expiration Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	GENERAL AGGREGATE	\$ 1,000,000	PRODUCTS-COMP/OP AGG	\$ 1,000,000	PERSONAL & ADV INJURY	\$ 1,000,000	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any one fire)	\$ 100,000	MED EXP (Any one person)	\$ 10,000	COMBINED SINGLE LIMIT	\$ 1,000,000
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A	AUTOMOBILE LIABILITY <input checked="" 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 <input type="checkbox"/> _____ <input type="checkbox"/> _____	Policy Number	Effective Date	Expiration Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BODILY INJURY (Per Person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per Accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> </table>	BODILY INJURY (Per Person)	\$	BODILY INJURY (Per Accident)	\$	PROPERTY DAMAGE	\$								
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A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> WAIVER OF SUBROGATION THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL OFFICERS ARE: <input type="checkbox"/> EXCL	Policy Number	Effective Date	Expiration Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">WC STATU-TORY LIMITS</td> <td style="text-align: center;">OTHER</td> <td></td> </tr> <tr><td>EL EACH ACCIDENT</td><td></td><td style="text-align: right;">\$500,000</td></tr> <tr><td>EL DISEASE-POLICY LIMIT</td><td></td><td style="text-align: right;">\$500,000</td></tr> <tr><td>EL DISEASE-EA EMPLOYEE</td><td></td><td style="text-align: right;">\$500,000</td></tr> </table>	WC STATU-TORY LIMITS	OTHER		EL EACH ACCIDENT		\$500,000	EL DISEASE-POLICY LIMIT		\$500,000	EL DISEASE-EA EMPLOYEE		\$500,000		
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B	OTHER RENTED EQUIPMENT	Policy Number	Effective Date	Expiration Date	Should state "Special Perils Coverage, including flood, and includes removal of the "exceeding weight of load exclusion" and Replacement Cost Value."														

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 All Access Services, Inc. and all its related subsidiaries named as additional insured and loss payee with regard to all coverage except Workers Compensation. The coverage provided is primary over other valid and collectible coverage

CERTIFICATE HOLDER	CANCELLATION
All Access Services, Inc. and all subsidiaries	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL 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 OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE