ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 00/00/0000

PRODUCER INSURANCE AGENCY NAME ADDRESS	THIS CERTIFICATE 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.				
<i>CITY, STATE, ZIP CODE TELEPHONE & FAX NUMBERS</i>	INSURERS AFFORDING COVERAGE				
INSURED CUSTOMER NAME	INSURER A: INSURANCE COMPANY NAME				
ADDRESS CITY, STATE, ZIP CODE	INSURER B: INSURER C:				
		INSURER E:			

COVERAGES

* * * * SAMPLE COPY ONLY * * * *

THE POLICES 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFEC (MM/DE	TIVE DATE	POLICY EXP DATE (MM/DD/YY)	LIMITS			
	GENERAL LIABILITY		(, 2 -	,		EACH OCCURREN	CE	\$	
	COMMERCIAL GENERAL LIABILITY					FIRE DAMAGE (an	y 1 fire)	\$	
	CLAIMS MADE OCCUR					MED EXP (any 1 pe	erson)	\$	
	□					PERSONAL & ADV	INJURY	\$	
	□					GENERAL AGGRE	GATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM	IP/OP AGG	\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT		\$	
	ANY AUTO	POLICY #	12/3	1/13	12/31/14	(Ea Accident)		1,000.000	
	ALL OWNED AUTOS					BODILY INJURY		\$	
	SCHEDULED AUTOS					(per person)		\$	
	HIRED AUTOS					BODILY INJURY		\$	
	NON OWNED AUTOS					(per accident)		φ	
	□					PROPERTY DAMA (Per accident)	GE	\$	
	GARAGE LIABILITY					AUTO ONLY - EA	ACCIDENT	\$	
	ANY AUTO					OTHER THAN	EA ACC	\$	
	□					AUTO ONLY	AGG	\$	
	EXCESS LIABILITY					EACH OCCURREN	CE	\$	
	OCCUR CLAIMS MADE					AGGREGATE		\$	
								\$	
								\$	
	RETENTION \$							\$	
	WORKER'S COMPENSATION AND					WC Statutory L	imits 🗌 Other.		
	EMPLOYER'S LIABILITY					E.L. EACH ACCIDE	INT	\$	
						E.L. DISEASE -EA EMPLOYEE		\$	
						E.L. DISEASE -PO	LICY LIMIT	\$	
	OTHER Dhusical Damage	POLICY #	12/3	1/13	12/31/14	\$5000.00 or less			
	Physical Damage					DEDUCTIBLE			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:									
CE	RTIFICATE HOLDER (.	Autow Nationale	ease T	ruck Rei	ntal , Inc.) Al	ND THE O'	WNER AI	RE	
ADDED AS ADDITIONAL INSURED-LESSOR AND LOSS PAYEE WITH RESPECT TO									
ALL VEHICLES RENTED OR LEASED TO THE INSURED.									
CERTIFICATE HOLDER [N] ADDITIONAL INSURED; INSURER LETTER: CANCELLATION									
Autow Nationalease Truck Rental Inc. Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail							EFORE THE		
11	1406 Lebanon Pike				3 heta days written notice to the certificate holder named to the left,				
					BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KINDUPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
Nashville TN 37210				AUTHORIZED REPRESENTATIVE					

SIGNATURE REQUIRED HERE

Required Insurance Coverage For: Your Name

Date:

From: Autow Nationalease Truck Rental Inc. 1406 Lebanon Pike Nashville TN 37210 Attention: Karen Phillips Office:615-244-1130 Toll Free: 800-388-2556 Fax: 615-263-1298

TO: **Insurance** Agent Name Street Address City, State Zip Code

Office: Agents Phone Number Toll Free: Agent's Toll Free Number Fax: Agent's Fax Number

The customer shown above has a contract leasing or renting our equipment. We cannot release any vehicle without evidence of current primary automobile insurance coverage. Therefore, please fax the appropriate certificate of insurance coverage as indicated by the "X" below. Please mail originals to the above address.

X Liability – Requested Minimum Combined Single Limit: 1.000.000 or Greater Autow Nationalease Truck Rental, Inc. must be named as additional insured.

X Physical Damage, Maximum Comprehensive and Collision Deductibles: \$5,000.00 or Less Autow Nationalease Truck Rental, Inc. must be named as loss payee.

Additional Insured and Loss Payee endorsement required within 60 days of certificate issue date.

CERTIFICATE MUST INCLUDE THE FOLLOWING WORDING:

Autow Nationalease Truck Rental, Inc. AND THE OWNER ARE ADDED AS ADDITIONAL INSURED AND LOSS PAYEE WITH RESPECT TO ALL VEHICLES RENTED OR LEASED TO THE INSURED.

Certificate must show: Policy number – coverage – limits- deductibles – expiration dates (Sample "Acord Certificate" attached)

Scheduled auto policies may require the following information from us.

Unit#	Year/Make	Model

Vin#

Value

Thank You in advance for your assistance in serving our mutual customer.