

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.

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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.