

PRODUCER SAMPLE Name & Address of Insurance Agent		THIS CERTIFICATE IS IN FULL PAYMENT OF THE PREMIUM AND CONFERS NO RIGHTS ON THE POLICY HOLDER. THIS CERTIFICATE DOES NOT ALTER THE COVERAGE PROVIDED BY THE POLICIES AFFORDING COVERAGE.		INFORMATION EXTENDS BELOW.
INSURED Your Company		INSURER A: Insurance Company Name INSURER B: INSURER C: INSURER D: INSURER E:		

Certificate date must be within the past six (6) months.

"Insured" name must be the same name as on the Agreement or PO.

COVERAGES

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

INSURER LETTER	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 GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			12/31/05	EACH OCCURANCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA. ACCIDENT \$ OTHER THAN EA. ACC AGG \$ AUTO ONLY: \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURANCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE-EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER: EQUIPMENT FLOATER OR INLAND MARINE				LIMIT: ACTUAL VALUE OF ALL RENTED EQUIPMENT

Expiration date on required coverage must be three (3) or more months in the future.

General and combined single limit auto liability coverage of at least \$1,000,000 each is required.

Requested

Coverage as required by law.

Required information

Verbiage to be as follows...

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

To the fullest extent allowed by law, ATS Equipment Inc. is named as additional insured and is indemnified for any liability or loss which occurs in the rental or use of the rented equipment.

CERTIFICATE HOLDER SAMPLE ATS EQUIPMENT INC. 33 LOCUST STREET BOSTON, MA 02125 133 RAYMOND ROAD CANDIA, NH 03034	ADDITIONAL INSURED: INSURER LETTER: _____ CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE MAIL 10 DAYS WRITTEN NOTICE TO LEFT, BUT FAILURE TO DO SO SHALL ANY KIND UPON THE INSURED'S AUTHORIZED REPRESENTATIVE
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At least 10 days written cancellation notice required.

Certificate must be signed.

"ATS Equipment Inc." must be named as the certificate holder.