



# CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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>  <b>INSURANCE AGENT/BROKER NAME</b> <b>INSURANCE AGENT/BROKER STREET ADDRESS</b> <b>INSURANCE AGENT/BROKER CITY, STATE, ZIP CODE</b>	<b>Contact Name:</b> <b>INSURANCE AGENT/BROKER REP NAME</b>
	<b>Phone:</b> <b>INSURANCE AGENT/BROKER CONTACT #</b> <b>Fax:</b> <b>(A/C, No. Ext):</b> <b>(A/C, No):</b> <b>Email Address:</b> <b>INSURANCE AGENT/BROKER EMAIL ADDRESS</b>
<b>INSURED</b>  <b>VENDOR NAME</b> <b>VENDOR STREET ADDRESS</b> <b>VENDOR CITY, STATE, ZIP CODE</b>	<b>Insurer's Affording Coverage</b>
	<b>INSURER A:</b> <b>NAME OF INSURANCE COMPANY</b>
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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.                      LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		ENTER POLICY #	ENTER EFFECTIVE DATE	ENTER EXPIRATION DATE	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTO PHYSICAL DAMAGE*	X		ENTER POLICY # \$ XXXX PHYSICAL DAMAGE DEDUCTIBLE	ENTER EFFECTIVE DATE	ENTER EXPIRATION DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<b>Umbrella Liab</b> <input type="checkbox"/> OCCUR <b>Excess Liab</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<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	N/A					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> Other E.L. Each Accident E.L. Disease - EA Employee E.L. Disease - Policy Limit
C	<b>PRODUCTION PACKAGE POLICY</b> <b>MISC. RENTED EQUIPMENT</b> <b>PROPS/SETS/WARDROBE</b> <b>THIRD PARTY PROPERTY DAMAGE</b>			ENTER POLICY #	ENTER EFFECTIVE DATE	ENTER EXPIRATION DATE	<b>LIMITS/DEDUCTIBLES</b> <b>\$5,000,000 LIMIT / \$2,500 DEDUCTIBLE PER LOSS</b> <b>\$1,000,000 LIMIT / \$2,500 DEDUCTIBLE PER LOSS</b> <b>\$1,000,000 LIMIT / \$1,500 DEDUCTIBLE PER LOSS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY, AUTO LIABILITY OR UMBRELLA LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE POLICY BUT ONLY AS RESPECTS TO THEIR AGREEMENT WITH THE NAMED INSURED. WHERE REQUIRED BY CONTRACT. THESE POLICIES ARE PRIMARY AND NON-CONTRIBUTORY TO ANY INSURANCE CARRIED OR MAINTAINED BY THE ADDITIONAL INSURED.**

<b>CERTIFICATE HOLDER</b>  <b>Edge Auto Rental and Edge Truck LLC.</b> <b>460 Kingsland Avenue</b> <b>Brooklyn, NY 11222</b>	<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
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