



(800) 404-8800

Serving LA/SF Valley
3809 San Fernando Road
Glendale, CA 91204
Fax: (818) 243-4040

Serving Greater LA/OC
13456 Rosecrans Avenue
Norwalk, CA 90650
Fax: (562) 921-2406

Serving Inland Empire
1010 E. Holt Blvd.
Ontario, CA 91761
Fax: (909) 986-3609

INSURANCE CERTIFICATE CRITERIA

Date:
To: Certificate Department
Company:
Telephone#:
Fax #:

The following company is renting trucks from us. Please supply us with the information requested below and fax back to (818) 243-4040, Attn: Karina Herrera. Please give this request your immediate attention as an order may be pending upon return of this information.

Your Insured:
Address:

Message: All companies providing their own commercial insurance to Suppose U Drive must include in their certificate the following information:

LIABILITY:

- Suppose U Drive must be named "Additional Insured per any written contract between both parties" under your auto liability policy.
A csl of \$1,000,000 must be shown
The wording "all vehicles leased, hired, or rented" by the named insured from Suppose U Drive must appear on the certificate.

PHYSICAL DAMAGE:

- Suppose U Drive named as "Loss Payee" on all hired/non-owned physical damage.
The correct customer name must appear on the certificate.
The certificate holder must be:
Suppose U Drive
3809 San Fernando Road
Glendale, CA 91204

Thank you,

Karina Herrera
818-243-3151, Ext 309
Insurance Dept.



(800) 404-8800

Serving LA/SF Valley  
3809 San Fernando Road  
Glendale, CA 91204  
Fax: (818) 243-4040

Serving Greater LA/OC  
13456 Rosecrans Avenue  
Norwalk, CA 90650  
Fax: (562) 921-2406

Serving Inland Empire  
1010 E. Holt Blvd.  
Ontario, CA 91761  
Fax: (909) 986-3609

## Sample Insurance Certificate Criteria

**ACORD** **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 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).

PRODUCER	CONTACT NAME:		
	PHONE (A/C No. Ext):	FAX (A/C No.):	
INSURED	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

**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.

INSR LTR	TYPE OF INSURANCE	INSURER (INSR LTR)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>					
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					DAMAGE TO RENTED PREMISES (Per occurrence) \$
						MED. EXP. (Any one person) \$
						PERSONAL & ADV. INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b>					
	ANY AUTO					COMBINED SINGLE LIMIT (Per accident) \$
	ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	HIREN AUTOS					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA</b>					
	EXCESS UA					
	WED					
	<b>WORKERS COMP AND EMPLOYER</b>					
	ANY PROPRIETARY OFFICER/EMPLEE (Mandatory in IN)					
	If yes, describe in DESCRIPTION COL					

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

**CERTIFICATE HOLDER**      **CANCELLATION**

7. Suppose-U-Drive Truck Rental Svc. & Suppose U Drive Inc.

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

© 1988-2010 ACORD CORPORATION. All rights reserved.

### 1. Type of Insurance

**Automobile Liability Must be selected as one of the following:**

- Any Auto
- Hired & Non-Owned
- Scheduled Auto/ (Must show VIN#)

The Insurer Must be identified by a letter:

A, B, C, D, or E

This must be written in the "INSR LTR" column. This letter references which of the Insurers listed as "Insurers Affording Coverage" are providing the coverage.

2. Insurance policy must be listed

3. Effective & Expiration date must be listed

4. Combined Single Limit must be \$1,000,000 minimum.

5. In the "OTHER" section or at the end of the Description of Operations, Evidence of Physical Damage Coverage must be included. This should list the comprehensive/collision deductible amounts and physical damage limits (if applicable). Deductibles over \$1,000 must be approved by Suppose's Credit Department. (No cap should be listed.)

8. Number of days for written notice should be 30, and the form must be signed or a stamp signature used.

### 6. The Description of Operations is determined by the coverage the customer intends to provide. There are three options:

1. If the customer is providing liability and physical damage, the description must read, "Certificate Holder is named as additional insured and loss payee for all vehicles rented or supplied as a substitute to the Named Insured."
2. If the customer is provided **liability** only, the description must read, "Certificate Holder is named as additional insured for all vehicles rented or supplied as a substitute to the Named Insured."
3. If the customer is providing **physical damage** only, the description must read, "Certificate Holder is a loss payee for all vehicles rented or supplied as a substitute to the Named Insured."