

Requirements For Certificate Of Insurance

Insured: The name listed as insured must match the name of the renter. If the insured is a company name, the renter must provide proof of ownership or authorization to use the company's COI.

Coverage: The certificate must indicate the policy's coverage for General Liability and Inland Marine or Miscellaneous Rented Equipment covering Replacement Cost. Policies with a "Theft From an Unattended Vehicle" exclusion will not be accepted.

Dates: Policy must be in effect for at least 2 days prior and 5 days after the rental scheduled period.

Description: Certificate Holder is included as Loss Payee with regard to our interests in the property coverage and Additional Insured on the General Liability with regard to liability insurance.

Deductible: Deductible amount cannot exceed the replacement value total of the rented items. When the deductible amount is greater than \$1,000.00 require a security deposit the full deductible amount.

Certificate Holder: CSI Rentals 133 West 19 St. New York NY 10011

We only accept a COI that's emailed <u>direct</u> from an insurance company or agent to Email <u>insurance@csirentals.com</u>

Please allow at least one business day for verification



SAMPLE OF INSURANCE REQUIREMENTS

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)

certificate holder in lieu of such endors			olicies may require an er	ndorsei	ment. A stat	ement on th	is certificate does not co	onfer r	ights to the							
Your Insurance Broker Company Name Address & Phone Number					CONTACT NAME: Your Agents Contact Info PHONE (A/C, No, Ext): E-MAIL ADDRESS:											
											INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Company (carier)				NAIC #	
											INSURER B:					
											Your Name And Adress					INSURER C:
					** Must Match Name					INSURER D:						
					On Rental Contract					INSURER E :						
On Rental Contract					RF:											
COVERAGES CER		STATE OF THE STATE		REVISION NUMBER:												
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH I	QUIP PERT POLIC	IEMEN AIN, T CIES. L	IT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT THE POLICIES REDUCED BY	OR OTHER IS S DESCRIBED PAID CLAIMS.	OCCUMENT WITH RESPEC	T TO	WHICH THIS							
INSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S								
GENERAL LIABILITY							EACH OCCURRENCE	\$								
COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$								
CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$								
							PERSONAL & ADV INJURY	S								
						H	GENERAL AGGREGATE	\$								
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$								
POLICY PRO- JECT LOC								\$								
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	unis Committee and a second a second and a second a second and a second a second and a second an							
ANY AUTO							BODILY INJURY (Per person)	\$								
ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$								
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	s								
70.00	88						(Fer accident)	\$								
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$								
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$								
DED RETENTIONS							THOUSE CONTROL	\$								
WORKERS COMPENSATION						***	WC STATU- OTH- TORY LIMITS ER	<u> </u>								
AND EMPLOYERS' LIABILITY ANY PROPRIETOR:/PARTNER/EXECUTIVE OFFICER:/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	s								
							E.L. DISEASE - EA EMPLOYEE									
If yes, describe under DESCRIPTION OF OPERATIONS below							Control of the second	\$								
Rented & Leased Equipment						***************************************										
(INLAND MARINE RENTED PRODUCTION EQUIPMENT)							Limit enough to cover replacement value cost of rented equipment									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (A	Attach A	CORD 101, Additional Remarks	Schedule	, it more space is	required)			***************************************							
Ceritificate holder is Additional in with respects to the Equipment A	sur s re	ed wit spect	th respects to the Lia ts to the operations of	bility a f the n	ind Loss Pa ame insure	ayee d										
(CSI Rentals Inc, Must be listed	as '	'Addi	tional Insured" And a	s "Los	ss Payee")											
CERTIFICATE HOLDER					CANCELLATION											
CSI Rentals Inc 133 West 19 Street New York NY 10011					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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