

## INSURANCE REQUIREMENTS

Our Rental Equipment Protection (REP) will waive accepted claims (up to \$500,000 per occurrence) against you for the direct physical loss, including damages, repairs and/or replacement, to the rental equipment. REP is not required if a Certificate of Insurance (COI) is provided to Holt of California prior to the execution of the rental agreement. If proof of insurance cannot be provided, as evidenced by a COI, REP is required at an additional charge. For more information regarding REP, please visit <https://www.holtca.com/rental/rep>. or contact your Holt of California Representative.

The Insurance requirements for a COI are listed below with an example on the reverse side of this page.

### Summary of basic insurance requirements for all Certificates of Insurance (COI):

1. Name and address of insured customer. The insured's name and account should be the same or the insured should be listed as subsidiary on the account.
2. Holt of California/The CAT Rental Store must be listed as the certificate holder.
3. Holt of California/the CAT Rental Store, PO Box 100001 Sacramento, CA 95813 must be listed as additional insured and loss payee.

The Certificate of Insurance **MUST** list the following information if the customer is renting:

#### 4. Contractor's Equipment

- a. Proof of General Liability (\$1 million minimum)
- b. Proof of Rented or Leased Equipment Coverage
- c. Policy Number (for Rented or Leased Equipment Policy)
- d. Policy Number (Hired Auto Physical Damage)
- e. Effective/Expiration Dates (Full Rental or Leased Equipment Policy)  
*This is coverage for equipment that does not require a tag for over the road use.*

#### 5. Trucks/Over-the-Road Vehicles

- a. Proof of General Liability (\$1 million minimum)
- b. Proof of Non-Owned Auto Liability (\$1 million minimum)
- c. Policy Number (Non-Owned/Hired Auto Physical Damage)
- d. Policy Number (Hired Auto Physical Damage)
- e. Effective/Expiration Dates of Auto Liability Policy  
*This is coverage for licensed vehicles and must be listed under the automotive liability section.*

#### 6. Scheduled Equipment

- a. Proof of General Liability (\$1 million minimum)
- b. Proof of Rented or Leased Equipment Coverage
- c. Policy Number (for Rented or Leased Equipment Policy)
- d. Effective/Expiration Dates (Full Rental or Leased Equipment Policy)

#### Note:

Each customer is required to carry property damage, public liability and third party property damage insurance during the rental according to the Holt of California/The CAT Rental Store Rental Agreement.

**Branches and customers should fax or e-mail all COI's to (614) 448-2708, [certificates@jtbatesgroup.com](mailto:certificates@jtbatesgroup.com).  
For questions regarding Certificates please call the Credit Department at (916) 921-8880**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

<b>PRODUCER</b>  XYZ Insurance Co. PO Box 123 Cypress, CA 95822	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  ABC, Inc. 12354 52 <sup>nd</sup> Avenue Sacramento, CA 95822	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## 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.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PNC000270502	4/1/2008	4/1/2009	EACH OCCURENCE	\$1,000,000
<h1>Sample</h1>						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$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
							\$
B		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	72UEQUM4267	6/1/2007	6/1/2008	COMBINED SINGLE LIMIT (Each Occurrence)	\$1,000,000
<b>*Section must be completed for all on-road vehicles*</b>						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE	\$
<h1>Sample</h1>						AGGREGATE	\$
							\$
							\$
							\$
C		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WEN000110602	7/1/2007	7/1/2008	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
D		<b>OTHER</b> Personal Property	CBP8134134	4/1/2008	4/1/2009	Limit 500,000	Ded 1,0000

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Holt of California/The CAT Rental Store (PO Box 10001 Sacramento, CA 95813-1306)  
 Is named as **Additional Insured & Loss Payee.**

### CERTIFICATE HOLDER

Holt of California/The CAT Rental Store  
**PO Box 10001**  
 Sacramento, CA 95813-1306

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL \_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE