



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2020

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).

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

COVERAGES

CERTIFICATE NUMBER: 1185611905

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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | | | |
|---|--|---|-------------|---------------|----------------------------|----------------------------|---|--------------|--|--|-----------|--------------------|------------|
| A | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | Y | XXXXX | | | EACH OCCURRENCE | \$ 1,000,000 | | | | | |
| | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | | | | | | | | | | | |
| | MED EXP (Any one person) | \$ | | | | | | | | | | | |
| | PERSONAL & ADV INJURY | \$ 1,000,000 | | | | | | | | | | | |
| | GENERAL AGGREGATE | \$ 2,000,000 | | | | | | | | | | | |
| | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | | | | | | | | | | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC OTHER: | | | | | | | | | | | | | |
| A | AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | Y | XXXXX | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | | | | | |
| | BODILY INJURY (Per person) | \$ | | | | | | | | | | | |
| | BODILY INJURY (Per accident) | \$ | | | | | | | | | | | |
| | PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | | | | | | | | |
| A | UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE | \$ | | | | | |
| | CLAIMS-MADE | | | | | | | | | | AGGREGATE | \$ | |
| | | | | | | | | | | | | \$ | |
| | | | | | | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input checked="" type="checkbox"/> N / A | | | | | | | | | | X PER STATUTE | OTH- ER |
| | | | | | | | | | | | | E.L. EACH ACCIDENT | \$ 500,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 500,000 | | | | | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 | | | | | |
| A | Contractors Equipment | | | XXXXX | | | Leased/Rented Equipment - Replace any EQ leased or on rent | | | | | | |

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

RE: Rented, Leased or Borrowed Equipment

American Rental Services, LLC is named as an Additional Insured and Loss Payee, as their interests may appear, with respect to rented, leased, or borrowed equipment. American Rental Services, LLC will be provided 30 days notice of cancellation for nonpayment of premium.

CERTIFICATE HOLDER

CANCELLATION

American Rental Services, LLC
4720 44th St. SE, Suite D
Kentwood, MI 49512

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