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### EQUIPMENT INSURANCE REQUIREMENTS

If your current insurance policy does not include blanket coverage for rental equipment please refer to the requirements below to add a rider to your policy. This process may take a few hours to a few days depending on the insurance provider.

Your P.O. # \_\_\_\_\_ Date \_\_\_\_\_ covering the rental of (forklift, roller, lifts, etc.)

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For your job at (Please include jobsite address(s))

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Starting on \_\_\_\_\_

Please contact your insurance company and request that they provide us with a CERTIFICATE OF INSURANCE indicating GENERAL LIABILITY and CONTRACTORS EQUIPMENT COVERAGE as follows:

#### COMPREHENSIVE GENERAL LIABILITY

1. Stipulate that PAT KELLY EQUIPMENT COMPANY, INC. is named as "ADDITIONAL INSURED."
2. Indicate that Blanket Contractual coverage is included.
3. Coverage is to begin the day equipment is received as indicated above and specify minimum limits of \$500,000.00 combined single limit.

#### CONTRACTOR'S EQUIPMENT COVERAGE

1. Stipulate that PAT KELLY EQUIPMENT COMPANY, INC. is named as "ADDITIONAL INSURED."
2. Indicate that coverage applies to rented equipment and provides coverage for "ALL RISK PERILS"
3. Indicate that coverage applies to the above described equipment and is insured for the value of \$ \_\_\_\_\_.

Any exclusion to above requests should be clearly noted on the Certificate of Insurance. We take this opportunity to thank you again for your order.

Sincerely,

Pat Kelly Equipment Company, Inc.

*Family Owned & Operated Since 1976*