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TRUCK MOUNTED CRANE 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 (mobile crane)

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

Starting on _____

Please contact your insurance company and request that they provide us with a CERTIFICATE OF INSURANCE indicating GENERAL LIABILITY, AUTOMOBILE 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.

AUTOMOBILE LIABILITY

1. Stipulate that PAT KELLYEQUIPMENT COMPANY, INC. is named as "ADDITIONAL INSURED."
2. Coverage is to begin the day equipment is received as indicated above and specify minimum limits of \$1,000,000.00 per occurrence.

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 \$ _____.
4. Indicate that coverage includes the collapse, collision, and overload of boom and jib of crane.

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