

PRODUCER SAMPLE Name & Address of Insurance Agent		THIS CERTIFICATE IS ONLY AND CONFERS HOLDER. THIS CERTIFICATE ALTER THE COVERAGE	INFORMATION CERTIFICATE EXTEND OT ES BELOW.
INSURED Your Company		INSURERS AFFORDING COVERAGE INSURER A: Insurance Company Name	

Certificate date must be within the past six (6) months.

"Insured" name must be the same name as on the Agreement or PO.

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.

INSURER LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			12/31/05	EACH OCCURANCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCT COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA. ACCIDENT \$ OTHER THAN EA. ACCIDENT \$ AUTO ONLY: ACC AGG \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURANCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE-EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER: EQUIPMENT FLOATER OR INLAND MARINE				LIMIT: ACTUAL VALUE OF ALL RENTED EQUIPMENT

Expiration date on required coverage must be three (3) or more months in the future.

General and combined single limit auto liability coverage of at least \$1,000,000 each is required.

Requested

Coverage as required by law.

Required information

Verbiage to be as follows...

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/EXCLUSIONS ADDED ENDORSEMENT/SPECIAL PROVISIONS

To the fullest extent allowed by law, Baystate Equipment is named as additional insured and is indemnified for any liability or loss which occurs in the rental or use of the rented equipment.

CERTIFICATE HOLDER SAMPLE Baystate Equipment, Inc. 153 Brook Road Quincy, MA 02169-6515	ADDITIONAL INSURED: INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE POLICY HOLDER SHALL MAIL 10 DAYS WRITTEN NOTICE TO THE INSURER BY REGISTERED MAIL, RETURN RECEIPT REQUESTED, TO THE INSURER AT THE ADDRESS LISTED BELOW. FAILURE TO DO SO SHALL CONSTITUTE A WAIVER OF ANY KIND OF LOSS OR DAMAGE.
"Baystate Equipment" must be named as the certificate holder.	AUTHORIZED REPRESENTATIVE	At least 10 days written cancellation notice required. Certificate must be signed.