



INSURANCE REQUIREMENTS

Dear Customer/Supplier:

Proof of automobile insurance is required when customer or supplier will drive or tow a rental vehicle. Insurance requirements for the rental contract with U-COOL Refrigeration, LLC, contain minimum insurance requirements must be provided and evidenced to us, prior to the release of rented equipment. The insurance coverage must be for the person or organization signing the rental/lease agreement. The following instructions should be provided to your insurance agent.

Document Required

ACORD Form 25

Policies / Endorsements

- Commercial General Liability
Limits of Liability

- Business Auto Policy
Limits of Liability

- Excess/Umbrella

- Workers Compensation

- Physical Damage
Coverage for Trailer

- Description of Operations

- Certificate Holder

Minimum Coverage Requirements:

Certificate of Liability Insurance

Required Minimum Coverage's

Occurrence Form

\$1,000,000 per occurrence / \$2,000,000 under
General Aggregate / \$5,000 Medical Payments

Any Auto OR Scheduled, Hired and Non-Owned
Combined Single Limit of \$1,000 Deductible (Maximum)

Optional Coverage

Optional Coverage

Comprehensive \$2,500 Deductible (Maximum)
Collision \$2,500 Deductible (Maximum)

Include Trailer Description if Scheduled Auto
Note: Additional Insured Endorsement to the Commercial
General Liability and Auto Liability Insurance Policies in
the name of U-COOL Refrigeration, LLC must be attached
to the Certificate.

U-COOL Refrigeration, LLC

Additional Insured Endorsement to the Commercial General Liability Insurance Policy and Additional/Insured/Loss Payee Endorsement to the Business Auto Insurance Policy in the name of U-COOL Refrigeration, LLC must be attached to the Certificate of Liability Insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/28/2020

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
Risk Strategies Company
7530 Lucerne Drive #101
Middleburg Heights OH 44130

CONTACT NAME: [REDACTED]
PHONE (A/C, No, Ext): 440-266-1020 **FAX (A/C, No):** [REDACTED]
E-MAIL ADDRESS: [REDACTED]

INSURED 221574
XYZ COMPANY
ADDRESS

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|--|--------|
| INSURER A: Berkley Specialty Insurance Company | | 31295 |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

COVERAGES

CERTIFICATE NUMBER: 242365029

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 | |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ | |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> S/T RENTAL | Y | | QTH000009010 | 6/18/2020 | 6/18/2021 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll \$2,500/\$2,500 | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Auto liability coverage includes U-Cool Refrigeration, LLC as Additional Insured and Loss Payee solely as respects to the following vehicles:
Subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER

U-Cool Refrigeration, LLC
1303 East 25th Street
Tacoma WA 98421-2303

CANCELLATION

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

[Signature]