



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.

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| Document Required | Minimum Coverage Requirements: |
| ACORD Form 25 | Certificate of Liability Insurance |
| Policies / Endorsements | Required Minimum Coverage's |
| <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> 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.

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** Sample **



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/15/2021

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 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 Parker, Smith & Feek, Inc. 2233 112th Avenue NE Bellevue, WA 98004 | CONTACT NAME: PHONE (A/C, No, Ext): 425-709-3600 FAX (A/C, No): 425-709-7460 E-MAIL ADDRESS: | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------------------|--|--------|-------------|-----------------------------|--|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|
| | INSURED ABC Company 1234 Main St. Tacoma, WA 98421 | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Hartford Fire Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A : | Hartford Fire Insurance Co. | | INSURER B : | | | INSURER C : | | | INSURER D : | | | INSURER E : | | | INSURER F : | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | |
| INSURER A : | Hartford Fire Insurance Co. | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B : | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: 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 SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC | X | 52UUNCE9008 | 07/15/2021 | 07/15/2022 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | X | 52CSES77000 | 07/15/2021 | 07/15/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ OED RETENTION \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
U-Cool Refrigeration, LLC is an additional insured on the general liability and automobile policies per the attached endorsements/forms.

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| CERTIFICATE HOLDER U-Cool Refrigeration, LLC 1303 East 25th St. Tacoma, WA 98421 | 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 <i>Justin Park</i> |
|--|--|