



1019 Ulupono Street • Honolulu, Hawaii 96819

Phone (808) 847-4267 Fax (808) 842-1514

INSURANCE REQUIREMENTS FOR RENTALS

Agent: [] Insurance Company: []

Date: [] Phone: [] Fax: []

From: A&E Equipment Rentals, Inc.

Your CLIENT [] will be renting the following listed equipment below from A&E Equipment Rentals, Inc. A&E Equipment Rentals, Inc. requires a certificate of insurance to be actively on file for all equipment on rental contracts. This certificate needs to be secured prior to the contract start date and/or equipment leaving our company's premises with the following requirements:

1. GENERAL LIABILITY INSURANCE: REQUIRED

The Customer (Rentee), will at its own expense at all times during the term of the rental contract, maintain in force public liability and property damage with a limit of liability for bodily injury, including death of \$1,000,000 for each person in each accident and with a limit of liability of \$1,000,000 for all persons in each accident with a limit of liability for property damage of \$1,000,000 for each accident, on primary and not excess or contributory basis against Customer's liability for damage sustained by any person or persons including but not limited to employees of Customer as result of the maintenance, ownership, use, operation, possession, storage, erection, dismantling, servicing or transportation of the Equipment. Customer will at its expense at all times during the term of the Rental Contract, maintain Worker's Compensation Insurance for itself and Authorized Operators as required by OSHA, ANSI, and all other requirement by law. Customer will, ON DEMAND, furnish A&E Equipment Rentals, Inc. a certificate evidencing such insurances, endorsed to show A&E Equipment Rentals, Inc. as additional insured (other than Worker's Compensation) and that such insurance may not be cancelled or materially modified except on twenty (20) days prior written notice to A&E Equipment Rentals, Inc. at the address shown above.

2. RENTAL EQUIPMENT COVERAGE RECOMMENDED

The Customer (Rentee), at its own expense, shall insure the equipment rented against all risks of physical damage and name A&E Equipment Rentals, Inc. as the additional Loss Payee under this policy. All proceeds of any claim payment shall be for the benefit of A&E Equipment Rentals, Inc. The Customer (Rentee) shall reimburse A&E Equipment Rentals, Inc. for any deductible amount incurred. The property insurance must not be less than the full replacement Value of the equipment as follows:

Year: [] Make: [] Model: []

Description: []

Serial Number: [] Value: []

Start Date: [] Estimated Rental Period: []

Jobsite: []

3. COVERAGE DATES

All of the above coverage's shall remain in full force for the entire rental agreement period and the Rentee warrants that in the event of cancellation for any of the above coverage's, A&E Equipment Rentals, Inc. will be given 20 days notice.

Please forward the certificate and all inquiries regarding this rental to:
A&E Equipment Rentals, Inc.
1019 Ulupono Street
Honolulu, HI 96819
Fax: (808) 842-1514

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER
 ABC INSURANCE COMPANY
 1234 PENNY LANE
 HONOLULU HI 96819

INSURED
 Your Company Inc
 123 Bucket St
 Honolulu HI 96819

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A:	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

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.

INSR ADD'L LTR	INSRD	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 GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	123456	06/30/2011	06/30/2012	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000.00 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$1,000,000.0 PRODUCTS - COMP/OP AGG \$								
		MINIMUM REQUIREMENTS →												
		AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT (Ea accident) \$ 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 AUTO ONLY: EA ACC \$ AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
		OTHER Equipment/Property	123456	06/30/2011	06/30/2012	\$1,000,000.00								

EXAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER IS ADDITIONAL INSURED WITH RESPECT TO RENTED EQUIPMENT ←

CERTIFICATE HOLDER

A&E EQUIPMENT RENTALS INC.
 1019 ULUPONO ST.
 HONOLULU , HI 96819

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE