



SAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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		CONTACT NAME:	
AGENT NAME		PHONE (A/C, No, Ext):	FAX (A/C, No):
ADDRESS		E-MAIL ADDRESS:	
CITY, STATE, ZIP CODE		INSURER(S) AFFORDING COVERAGE	
		INSURER A : COMPANY'S NAME	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	
		NAIC #	
INSURED			
INSURED NAME			
ADDRESS			
CITY, STATE, ZIP CODE			

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	POLICY #	DATE	DATE	EACH OCCURRENCE	\$ 1,000,000
<input checked="" type="checkbox"/>	BLANKET ADDL INSD						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
<input checked="" type="checkbox"/>	PRIMARY NON -CONTR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO	Y	Y	POLICY #	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
<input checked="" type="checkbox"/>	OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
<input checked="" type="checkbox"/>	HIRED AUTOS ONLY						BODILY INJURY (Per accident)	\$
<input checked="" type="checkbox"/>	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/>	NON-OWNED AUTOS ONLY							\$
<input checked="" type="checkbox"/>	UMBRELLA LIAB			POLICY #	DATE	DATE	EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB						AGGREGATE	\$ 5,000,000
	DED							\$
	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	POLICY #	DATE	DATE	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	CONTRACTORS EQUIP - IM			POLICY #	DATE	DATE	LEASED OR RENTED	\$400,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PROS RENT, LLC IS INCLUDED AS ADDITIONAL INSURED IN REGARD TO GENERAL LIABILITY AND AUTO LIABILITY WHEN REQUIRED BY WRITTEN CONTRACT. PROS RENT, LLC IS ALSO INCLUDED AS THE LOSS PAYEE IN REGARDS TO LEASED/RENTED EQUIPMENT.

CERTIFICATE HOLDER	CANCELLATION
PROS RENT, LLC 1231 N. GLENVILLE DR. RICHARDSON, TX 75081	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
	YOUR SIGNATURE