

## **CERTIFICATE OF INSURANCE**

The lease agreement requires the Lessee to provide liability and physical damage insurance coverage on all units while on hire. No equipment will be released to a Lessee until A & M Cold Storage verifies the customer's insurance coverage. This requires that Lessee provide a "Certificate of Insurance" (COI) to A & M Cold Storage as evidence of insurance coverage. The information below establishes the insurance requirements for leasing equipment from A & M Cold Storage:

All policies of insurance covering lessee shall be issued by an insurer satisfactory to A & M Cold Storage and shall contain the following provisions:

1. Such coverage will be primary and all other coverage in force is secondary.
2. The interest of A & M Cold Storage will be insured regardless of any breach or violation of any warranties, declarations or conditions contained in such policies; and
3. If any such policy shall be cancelled or materially changed, such cancellation or change will not be effective until thirty (30) days after written notice thereof.
4. Lessee shall furnish A & M Cold Storage with certificates of such insurance and all such certificates shall name "**A & M Cold Storage, LLC dba A & M Cold Storage & Trailer Leasing**" as certificate holder and shall require notice to A & M Cold Storage of any modifications or cancellation as provided above.
5. **Contingency coverage will not be accepted under any circumstances.**

### **Units Licensed for Road Use**

#### **Auto Liability Coverage**

- Evidence of coverage in an amount not less than a combined single limit (CSL) of \$2,000,000 per occurrence.
- All certificates shall name "A & M Cold Storage, LLC dba A & M Cold Storage & Trailer Leasing" as an **additional insured** for auto liability and shall require notice to A & M Cold Storage of any modifications or cancellation as provided above. Waiver of subrogation in favor of A & M Cold Storage, LLC shall also apply. If scheduled auto is checked, a list of equipment being insured must be listed in the description of operations area: Vin#, make, year, and value.

#### **Physical Damage Coverage**

- While a unit is on hire, the lessee is responsible for all physical damage to, or loss or destruction thereof, however caused. We require that the Lessee provide comprehensive physical damage insurance including fire and theft, vandalism, collision, and combined additional coverage for the trailer.
- Evidence of coverage must set forth any applicable comprehensive and collision deductibles.
- All certificates shall name "A & M Cold Storage, LLC dba A & M Cold Storage & Trailer Leasing" as **loss payee** for physical damage and shall require notice to A & M Cold Storage of any modifications or cancellation as provided above.

### **Storage Container With/Without A Chassis and Semi-trailer**

#### **General Liability**

- Evidence of coverage in an amount not less than a combined single limit (CSL) of \$2,000,000 per occurrence.
- All certificates shall name "A & M Cold Storage, LLC dba A & M Cold Storage" as an **additional insured** for General Liability and shall require notice to A & M Cold Storage of any modifications or cancellation as provided above. Waiver of subrogation in favor of A & M Cold Storage, LLC shall also apply.

### Physical Damage

- Either of the following:
    - Inland marine equipment coverage – must include a lender's loss payable adjustment and the certificate must set forth any deductible.
  - OR
  - Property damage coverage in an amount at least equal to the stipulated loss value of the equipment.
  - Coverage must also include an endorsement for property not owned by but in the care, custody and control of the lessee.
- All certificates shall name "A & M Cold Storage, LLC dba A & M Cold Storage & Trailer Leasing" as loss payee for physical damage and shall require notice to A & M Cold Storage of any modifications or cancellation as provided above.
  - Self-insured customers will only be accepted by prior approval of A&M Cold Storage and must provide a letter affirming their obligation to satisfy our claims in the event of a casualty.

PLEASE SEE SAMPLE CERTIFICATE BELOW

\* \* \* SAMPLE \* \* \*



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/13/2019

**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).**

<b>PRODUCER</b> Agent's name and address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Agent Contact</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> XXX-XXX-XXXX</td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> Agent's email</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A:</b> Insurance Carrier - must have A.M. Best rating of A-</td> <td style="text-align: center;">XXXXXX</td> </tr> <tr> <td><b>INSURER B:</b> or higher</td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b> Agent Contact		<b>PHONE (A/C, No, Ext):</b> XXX-XXX-XXXX	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b> Agent's email		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A:</b> Insurance Carrier - must have A.M. Best rating of A-	XXXXXX	<b>INSURER B:</b> or higher		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURED</b>  "Insured's Name"  *Must be the same name as our customer (Lessee named in contract)  Insured's address																					

**COVERAGES**                      **CERTIFICATE NUMBER:** sample cert                      **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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	Policy #	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 2,000,000						
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	Policy # *If scheduled auto is selected, certificate must list Year, Make, VIN & Value	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			*Umbrella can be used to meet above requirements			EACH OCCURRENCE \$
	AGGREGATE \$						
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTHER
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						
A	<b>Leased/Rented Equipment Physical Damage</b>			Policy #	XX/XX/XX	XX/XX/XX	Limit \$100,000 Deductible \$1,000 *Limit must equal Replacement cost of unit

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured on the General Liability policy (and Auto Liability if applicable). Waiver of subrogation applies in favor of the certificate holder with respect to General Liability (and Auto Liability if applicable). A & M Cold Storage LLC is loss payee with respect to leased/rented equipment.

If any such policy shall be cancelled or materially changed, such cancellation or change will not be effective until thirty (30) days after written notice thereof. Written notice must be sent to A&M Cold Storage LLC, PO Box 86 Minster, OH 45865

<b>CERTIFICATE HOLDER</b>  A & M Cold Storage LLC dba A & M Cold Storage & Trailer Leasing PO Box 86  Minster                      OH 45865	<b>CANCELLATION</b>  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  * Agent's Signature *
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