



339 S. Geneva Road
Lindon, Utah 84042

Office: (801) 896-RENT (7368)

Fax: (801) 892-0866

Insurance Requirements

Please ensure that this Certificate of Insurance provides all the following requirements.

Certificate Holder Box

Nally Brothers Rentals Corporation
339 S Geneva Road
Lindon, Utah 84042

Required Wording for Additional Insured Endorsement for General Liability & Auto Liability

Nally Brothers Rentals Corporation is an additional insured with respect to the General Liability and Leased or Rented Equipment. All rights of subrogation against Nally Brothers Rentals Corporation its directors, officers, employees, and agents is waived where permitted by law for General Liability, Auto Liability and Workers Compensation. Coverage shall be primary and non-contributory in favor of Nally Brothers Rentals Corporation. 30 Day Notice of Cancellation applies, except for non-payment of premium.

General Liability

- \$1,000,000 Each Occurrence, \$2,000,000 General Aggregate, \$2,000,000 Products & Completed Operations Aggregate, \$1,000,000 Personal and Advertising Injury
- Additional Insured status for Leased and Rented Equipment required.
- Must state insurance is Primary and Non-Contributory and include form where coverage is provided
- Waiver of Subrogation in favor of Nally Brothers Rentals Corporation
- Per Project Aggregate Endorsement

Auto Liability

- \$1,000,000 Combined Single Limit
- Coverage must apply to Any Auto OR Owned, Hired and Non-Owned autos
- Must name Nally Brothers Rentals Corporation as Additional Insured

Workers Compensation

- Employers Liability \$1,000,000 Each Accident, \$1,000,000 Disease Policy Limit, \$1,000,000 Disease Each Employee
- Waiver of Subrogation in favor of Nally Brothers Rentals Corporation

Umbrella Liability

- \$1,000,000 Per occurrence

Inland Marine

- Leased and Rented Equipment Coverage required (coverage limit based on value of specific equipment rented)
- Nally Brothers Rentals Corporation to be listed as loss payee for leased and rented equipment.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

XX/XX/XXXX

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: XXXX PHONE (A/C, No, Ext): XXXX E-MAIL ADDRESS: XXXX	FAX (A/C, No): XXXX
Producer Name & Address	INSURER(S) AFFORDING COVERAGE	
	INSURER A: XXXX	NAIC # XXXX
INSURED	INSURER B:	
Insured Name & Address	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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Leased/Rented/Equipment Special Form/Ded:						Rental Value: \$

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

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CERTIFICATE HOLDER**CANCELLATION**

Nally Brothers Rentals Corporation
P.O. BOX 6075
Phoenix, AZ 85005

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

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