



**CERTIFICATE OF INSURANCE**  
**RETURN BY FAX TO: 519-944-4396**

Dear Rental Customer:

Please have your insurance broker complete the following and return to our office as evidence of insurance coverage in force. *Please note: Insurance form must be received before equipment is shipped or released.*

Customer's Name: \_\_\_\_\_  
Customer's Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Limits on Comprehensive General Liability to be not less than \$2,000,000.00 Inclusive Limits Bodily Injury and Property Damage per occurrence. Centreline Equipment Rentals Ltd. added as an Additional Insured with respect to liability arising out of the operations of the Rental Customer.

**LIABILITY INSURANCE**

Insurance Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Limits: \_\_\_\_\_

**PROPERTY INSURANCE**

It is in the responsibility of the Rental Customer to provide insurance on the Rental Equipment for full replacement cost, as per the Rental Agreement. Overage must be on the All Risk basis with a Replacement Cost Endorsement. Loss payable to Centreline Equipment Rentals Ltd.

Insurance Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Limits: \_\_\_\_\_

**RENTED EQUIPMENT INSURANCE**

Insurance Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Limits: \_\_\_\_\_

The policies must contain a clause providing Centreline Equipment Rentals Ltd. with 30 days notice in the event of policy cancellation or material coverage.

**Authorized Representation of the Insurance Company**

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

Dated: \_\_\_\_\_