

CERTIFICATE OF INSURANCE

DESCRIPTION OF RENTED UNIT (year, make, model, serial number):		
RENTAL START DATE:	RENTAL END DATE:	VALUE OF RENTAL:
INSURER:		
ADDRESS:		
BROKER:		
ADDRESS:		
INSURED NAME (renter):		
ADDRESS:		
ADDITIONAL INSURED (Excluding Automobile Liability Policy) His Majesty the King in Right of the Province of NL as represented by the Minister of Fisheries, Forestry and Agriculture, Dept. of Fisheries, Forestry and Agriculture, P.O. Box 8700, St. John's, NL., A1B 4J6		
LOSS PAYEE His Majesty the King in Right of the Province of NL as represented by the Minister of Fisheries, Forestry and Agriculture, Dept. of Fisheries, Forestry and Agriculture, P.O. Box 8700, St. John's, NL., A1B 4J6		
This document certifies that the following policies of insurance and indicated coverage are at present in force subject to the terms, conditions and exclusions as contained therein covering the operations of the insured in connection with the above noted contract made between the named insured and the Owner.		

POLICY TYPE	POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY
1. Commercial General Liability			\$2,000,000 Minimum
2. Contractor's Equipment, Equipment Floater or Equivalent (on units with a value of \$7,500 or greater)			Value of Rented Unit
2.1 Replacement Cost Endorsement, Extension or Equivalent on units three years or newer (if applicable)			
3. Automobile Liability extended to tow behind units (if applicable)			\$1,000,000 Minimum
4. Accident Policy (if applicable)			
The Insurer agrees to notify the Owner, as defined above, in writing, thirty (30) days prior to cancellation, termination or material change of any policy.			
NAME OF INSURER'S OFFICER or AUTHORIZED REPRESENTATIVE :	SIGNATURE:		Date:
			Tel.:
			Email:
Issuance of this certificate shall not limit or restrict the right of the Owner to request at any time duplicate certified copies of said insurance policies.			