

SR Service Rentals

AND SUPPLIES INC.



www.service-rentals.com

855-808-RENT (7368)

MAUI
147 Kalepa Place
Kahului, HI 96732
P) 808-877-3410
F) 808-877-3069

KAUA'I
1587 Haleukana St.
Lihue, HI 96766
P) 808-245-6360
F) 808-245-7086

MAUI
41 Kupuohi St.
Lahaina, HI 96761
P) 808-661-4577
F) 808-661-4541

HAWAII(Big Island)
73-5577 Maiiau St.
Kailua-Kona, HI 96740
P) 808-365-5200
F) 808-329-4849

O'AHU
1255 Kuala St.
Pearl City, HI 96782
P) 808-454-1024
F) 808-454-1028

Rental Agreement Attachment Insurance Requirement on Rentals

Prior to the delivery and for the duration of the rental including any extensions, Customer shall maintain, and provide **SERVICE RENTALS & SUPPLIES, INC.** the following coverage:

COMMERCIAL GENERAL LIABILITY, naming **SERVICE RENTALS & SUPPLIES, INC.** as an **ADDITIONAL INSURED**.

This coverage will be for a minimum of \$1,000,000.00

*Although we do not require being named as **LOSS PAYEE**, customer is responsible for any Loss and or/ Damage to the equipment being rented.

If we are not named as Loss payee, it is highly recommended to also accept the optional Damage Waiver offered by Service Rentals & Supplies, Inc.

We also recommend that the coverage offered is a blanket policy, to help expedite future rentals of any or all of our equipment.

Please contact us if the specifics on rental equipment are required.



**Equipment Rental
Certificate of Insurance
Points of Reference**

1. Named Insured
 2. Insurer
 3. General Liability Policy Effective Dates
 4. General Liability Limits, confirm \$1,000,000 each occurrence, \$2,000,000 general aggregate policy limits
 5. Additional Insured Status on General Liability Policy, checked in the Additional Insured Box for General Liability OR listed in the Description of Operations
 6. Contractors Equipment Policy Effective Date
 7. Verify sufficient limit for rented equipment
 8. Loss Payee Status for leased or rented equipment
 9. Certificate Holder
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/16/2015

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 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 Cavanah Associates Inc. 1100 Alakēa Street, Suite 2600 Honolulu HI 96813		CONTACT NAME: Sherry Chalmers PHONE (A/C, No, Ext): (808) 537-1970 FAX (A/C, No): (808) 537-4554 E-MAIL ADDRESS: sherry@cavanah.com	
INSURED XYZ Construction, Inc. 1 1234 Bishop Street Honolulu HI 96813		INSURER A: 2 INSURER(S) AFFORDING COVERAGE ABC Insurance Company	NAIC #
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 13 GLAUTO REVISION NUMBER: 4

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY 5 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			1234567	01/01/2015	01/01/2016	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 - COMPOP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CONTRACTORS EQUIPMENT		X	1234567	01/01/2015	01/01/2016	Limit \$1,000,000 Ded \$2,500 7

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate Holder is named as Additional Insured and Loss Payee with respect to liability arising out of leased or rented equipment subject to policy provisions and as required by written contract.

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CERTIFICATE HOLDER 9 Service Rentals & Supplies, Inc. 147 Kalepa Place Kahului, HI 96732	CANCELLATION 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 James Cavanah/CDT
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