



www.service-rentals.com
855-808-RENT (7368)

Table with 5 columns: MAUI, KAUAI, MAUI, HAWAII (Big Island), OAHU. Each column lists address, phone numbers (P and F), and location details.

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.



Service  
Rentals  
AND SUPPLIES INC.



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



# 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).

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| <b>PRODUCER</b><br>Cavanah Associates Inc.<br>1100 Alakea Street, Suite 2600<br><br>Honolulu HI 96813   |  | <b>CONTACT NAME:</b> Sherry Chalmers<br><b>PHONE (A/C, No. Ext):</b> (808) 537-1970 <b>FAX (A/C, No.):</b> (808) 537-4554<br><b>E-MAIL ADDRESS:</b> sherry@cavanah.com |  |
| <b>INSURED</b><br>XYZ Construction, Inc. <span style="border: 1px solid black; padding: 2px;">1</span><br>1234 Bishop Street<br><br>Honolulu HI 96813 |  | <b>INSURER(S) AFFORDING COVERAGE</b> NAIC #<br>INSURER A: ABC Insurance Company<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F:                  |  |

**COVERAGES:** \_\_\_\_\_ **CERTIFICATE NUMBER:** 13 GLAUTO **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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | GENERAL LIABILITY <span style="border: 1px solid black; padding: 2px;">5</span>   |           |          | 1234567       | 01/01/2015              | 01/01/2016              | EACH OCCURRENCE \$ 1,000,000  |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMPOP AGG \$ 2,000,000 |
|          | AUTOMOBILE LIABILITY  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|          | UMBRELLA LIAB   |           |          |               |                         |                         | EACH OCCURRENCE \$  |
|          | EXCESS LIAB   |           |          |               |                         |                         | AGGREGATE \$  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |           |          |               |                         |                         | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                |
| A        | CONTRACTORS EQUIPMENT   |           |          | 1234567       | 01/01/2015              | 01/01/2016              | Limit \$1,000,000 <span style="border: 1px solid black; padding: 2px;">7</span><br>Ded \$2,500  |

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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| <b>CERTIFICATE HOLDER</b><br><br><span style="border: 1px solid black; padding: 2px;">9</span><br>Service Rentals & Supplies, Inc.<br>147 Kalepa Place<br>Kahului, HI 96732 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br><br>James Cavanah/CDT |
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