

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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:				
Agent Name and Address	PHONE (A/C, No, Ext): FAX (A/C,	):			
	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A : (Minimum) AM Best A- VII Insurer	12345			
INSURED	INSURER B:				
Your Name and Address	INSURER C:				
	INSURER D:				
	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER	١.			

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.

		D WVD	POLICY NUMBER	(MM/DD/YYYY)	(MMM/DD)/YYYY)	LIMITS	,	
X COMMERCIAL GENERAL LIA	BILITY			(WINDOWN)	(MINI DD/1111)	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X O	CCUR X	Х	( XXXXXXXXXXXX	XX/XX/XXX	xx/xx/xxxx	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
					\	PERSONAL & ADV INJURY	\$	1,000,00
GEN'L AGGREGATE LIMIT APPLIES PER:					)	GENERAL AGGREGATE	\$	2,000,00
DEG!	LOC	(	CAM.	THE REAL PROPERTY.		PRODUCTS - COMP/OP AGG	\$	2,000,00
			Man.	A Control of the Cont		COMPINED SINGLE LIMIT	\$	1 000 00
				VV VV VVVV	VVVVVVVVV	(Ea accident)	\$	1,000,00
71 MIT MOTO			XXXXXXXXXXX	***/***		BODILY INJURY (Per person)	\$	
OWNED SCHE AUTOS ONLY AUTO	DULED S						\$	
X HIRED X NON-	OWNED S ONLY					PROPERTY DAMAGE (Per accident)	\$	
UMBRELLA LIAB O	CCUR						\$	
DED RETENTIONS							Ψ	
WORKERS COMPENSATION		xxxxxxxxxxx		XX/XX/XXXX	X PER OTH-	Ф		
ANY PROPRIETOR/PARTNER/EXECUTIVE			XX/XX/XXXX		E.L. EACH ACCIDENT	\$	1,000,00	
(Mandatory in NH)	IN N/A	4				E.L. DISEASE - EA EMPLOYEE	\$	1,000,00
If yes, describe under DESCRIPTION OF OPERATIONS be	low					E.L. DISEASE - POLICY LIMIT	\$	1,000,00
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	GEN'L AGGREGATE LIMIT APPLIES POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY  UMBRELLA LIAB EXCESS LIAB DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  AND EMPLOYERS' LIABILITY  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  AND EMPLOYERS' LIAB	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HEED AUTOS ONLY X AUTOS ONLY  UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OF MANUAL PROPRIETOR/PARTNER/EXECUTIVE OF MANUAL PROPRIETOR/PARTNER/EXECUTIVE N N / A	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIGH AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTIONS  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE N N/A  X MYAUTOS ONLY X NON-OWNED AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTIONS  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE N N/A  X MICHAEL AUTOS ONLY  X MI	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HADOS ONLY X HORSELLA LIAB UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTINER'EXECUTIVE OFFICER MEMBER E EXCLUDED?  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTINER'EXECUTIVE OFFICER MEMBER E EXCLUDED?  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTINER'EXECUTIVE (Mandalory in NH)  LYN N N/A	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HORSONLY X HORSONLY  UMBRELLA LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR PARTNER'EXECUTIVE OVERFICER MEMBER E EXCLUDED?  WAY ANY PROPRIETOR PARTNER'EXECUTIVE OVERFICER MEMBER E EXCLUDED?  N N / A  X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROTOLOC OTHER:  AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X HIGH EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNERIEXECUTIVE OFFICER MEMBER EXCLUDED?  WORKERS COMPENSATION N N / A  X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  POLICY X JECT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY  X HIPED  AUTOS ONLY  X NON-OWNED  EXCESS LIAB  CLAIMS-MADE  DED  RETEINTIONS  WORKERS COMPINED SINGLE LIMIT  (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE  (Per accident)  PROPERTY DAMAGE  (Per accident)  PROPERTY DAMAGE  AUTOS ONLY  X NON-OWNED  AUTOS ONLY  X NON-OWNED  EACH OCCURRENCE  AGGREGATE  AGGREGATE   EACH OCCURRENCE  AGGREGATE  TOTH-  EACH ACCIDENT  ELL DISEASE - EA EMPLOYEE	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO LOC OTHER:  AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY A

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

RE:Certificate Holder is named as additional insured and loss payee for rented/leased equipment.Make, Model,

Serial Number and Replacement Value of Crane to be listed.

Must not contain exclusions or limitations for Boom and Overload Coverage and must be stated on Certificate.

CERTIFICATE HOLDER	CANCELLATION		
American Crane and Aerial, LLC 622 Harding Rd Morton, IL 61550	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Morton, 12 01000	AUTHORIZED REPRESENTATIVE		
	Signature		