



# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
04/21/2021

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

<b>PRODUCER</b> Kare [REDACTED] [REDACTED] [REDACTED]	<b>CONTACT NAME:</b> Kare [REDACTED]	
	<b>PHONE (A/C, No, Ext):</b> [REDACTED] 33803 <b>FAX (A/C, No):</b> [REDACTED]	
	<b>E-MAIL ADDRESS:</b> [REDACTED]@[REDACTED].com	
	<b>PRODUCER CUSTOMER ID #:</b> [REDACTED]	
<b>INSURED</b> [REDACTED] Jess [REDACTED] [REDACTED] [REDACTED]	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> [REDACTED] Insurance Company	178
	<b>INSURER B:</b> [REDACTED]	<input type="checkbox"/>
	<b>INSURER C:</b> [REDACTED]	<input type="checkbox"/>
	<b>INSURER D:</b> [REDACTED]	<input type="checkbox"/>
	<b>INSURER E:</b> [REDACTED]	<input type="checkbox"/>

## DESCRIPTION OF VEHICLE OR EQUIPMENT

<b>YEAR</b> 1995	<b>MAKE / MANUFACTURER</b> FORD	<b>MODEL</b> Garbage Truck	<b>BODY TYPE</b>	<b>VEHICLE IDENTIFICATION NUMBER</b> 1 [REDACTED]
<b>DESCRIPTION</b> garbage truck			<b>VEHICLE/EQUIPMENT VALUE</b> \$undetermined	<b>SERIAL NUMBER</b>

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADOL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		<input checked="" type="checkbox"/> VEHICLE LIABILITY	13 [REDACTED]	04/21/2021	04/21/2022	COMBINED SINGLE LIMIT	\$
		BODILY INJURY (Per person)				\$ 1000000	
		BODILY INJURY (Per accident)				\$ 1000000	
		PROPERTY DAMAGE				\$ 100000	
		GENERAL LIABILITY				EACH OCCURENCE	\$
		<input type="checkbox"/> OCCURENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		VEH COLLISION LOSS				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		VEH COMP <input type="checkbox"/> VEH OTC				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		EQUIPMENT				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## ADDITIONAL INTEREST

## CANCELLATION

<b>Select one of the following:</b> <input checked="" type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).		<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>	
<b>VEHICLE / EQUIPMENT INTEREST:</b> <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED		<b>DESCRIPTION OF THE ADDITIONAL INTEREST</b>	
<b>NAME AND ADDRESS OF ADDITIONAL INTEREST</b> City of [REDACTED] [REDACTED]		<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE	
		<b>LOAN / LEASE NUMBER</b>	
		<b>AUTHORIZED REPRESENTATIVE</b> [REDACTED]	

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