

INSURANCE INFORMATION



Customer Policy Holder		Name of Insurance Company		
Name of Insurance Broker				
Address of Insurance Broker		City	Province	Postal Code
Phone	Fax	Email		

GENERAL LIABILITY

Policy #	Expiry Date MM/DD/YYYY	Limits	Deductible
----------	------------------------	--------	------------

CONTRACTORS EQUIPMENT FLOATER, EXTENSION FOR RENTAL EQUIPMENT

Policy #	Expiry Date MM/DD/YYYY	Limits	Deductible
----------	------------------------	--------	------------

DESCRIPTION AND VALUE OF RENTAL EQUIPMENT

Description	ID No.	Serial No.	Value

Please provide, as soon as possible, an Insurance Certificate to EDGE1 EQUIPMENT RENTALS INC., naming EDGE1 EQUIPMENT RENTALS INC. as loss payee for All Risks as EDGE1 EQUIPMENT RENTALS INC.'s interest may appear with respect to the above-noted equipment for the duration of the rental period.

ACKNOWLEDGE BY AUTHORIZED PERSON

Name	Signature	Date MM/DD/YYYY
------	-----------	-----------------

PROOF OF INSURANCE INFORMATION / AUTHORIZATION FORM



Dear Sir/Madam:

As a user of our equipment, we require that adequate insurance coverage is maintained when renting equipment with a rental value greater than \$10,000.00. We require your insurance information be forwarded to our office to avoid any disruption to your business.

Have your insurance broker or insurer forward to us an endorsement to your policy, confirming the following:

- 1. Insured:** The Name, Policy Number and Date of Expiry.
- 2. General Liability:** The minimum acceptable coverage is \$1,000,000. Inclusive of bodily injury and property damage, per occurrence.
- 3. Contractors Equipment All-Risk Physical Damage:** There should be coverage to the full purchase value of the equipment with the deductible not to exceed 1%.
- 4. Additional Named Insured and Loss Payee:** Only with respect to the machines supplied by us, arising out of the Named Insured's operation, EDGE1 EQUIPMENT RENTALS INC. is added to the policy as an **ADDITIONAL NAMED INSURED AND LOSS PAYEE.**
- 5. Notification:** EDGE1 EQUIPMENT RENTALS INC. will be notified 30 days prior to the cancellation of any of the above policies, or alteration in such manner as to affect this certificate.

By providing this information, we will be able to respond to your needs in a much more efficient manner and will avoid any misunderstanding, should a loss occur.

Agency

Address

City

Province

Postal Code

Insurance Company

Policy #

Expiry Date MM/DD/YYYY

Phone

Fax

You are hereby authorized to contact my agent / broker to verify insurance coverage.

Date MM/DD/YYYY

Customer

Per

Title

PLEASE FAX A COPY OF YOUR CURRENT POLICY TO 905-643-5433

330 FRUITLAND ROAD, HAMILTON, ON L8E 5M8 | 905.561.2481

1252 SHAWSON DRIVE, MISSISSAUGA, ON L4W 1C3 | 905.670.9990