CERTIFICATE OF LIABILITY INSURANCE

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

(Agent Name, Address)

CONTACT

NAME: [NAME]
PHONE: [PHONE NUMBER]
ADDRESS: [ADDRESS]

INSURER(S) AFFORDING COVERAGE

INSURER A: [NAME]
NAIC #: [NUMBER]

INSURED

(INSURED NAME)

COVERAGE

CERTIFICATE NUMBER:

COVERAGE:

REVISION NUMBER:

This is to certify that the policies of insurance listed below have been issued to the named insured 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.

<table>
<thead>
<tr>
<th>INSURED</th>
<th>TYPE OF INSURANCE</th>
<th>ADDRESS</th>
<th>SUB</th>
<th>WWD</th>
<th>POLICY NUMBER</th>
<th>POLICY EXPIRATION</th>
<th>POLICY EXP</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>X</td>
<td>OCCUR</td>
<td>(Policy Number)</td>
<td>MM/DD/YY</td>
<td>MM/DD/YY</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

AUTOMOBILE LIABILITY

ANY AUTO

ALL OWNED AUTOS | SCHEDULED AUTOS | NON-OWNED AUTOS

HiRED AUTOS

UMBRELLA LIABILITY

EXCESS LIABILITY

CLAIMS-MADE

DED RETENTION

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/COMPANY/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RH)

IF YES, DESCRIBE UNDER DESCRIPTION OF OPERATIONS BELOW

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

Certificate holder is named as an additional insured as required by written contract, agreement or permit.

CERTIFICATE HOLDER

(Name and address of Equipment Dealer Renting/Leasing Piece)

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

(Must be signed by Authorized Representative)

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EVIDENCE OF PROPERTY INSURANCE

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEUTRALIZE AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY: (Name and address of Agent)

COMPANY: (Carrier Name - A+ Rated by AM Best)

FAX: (Fax No.)

E-MAIL ADDRESS:

CODE:

SUB CODE:

INSURED: (Name and address of Insured/Client)

LOAN NUMBER:

POLICY NUMBER: (Policy Number)

EFFECTIVE DATE: (Eff Date)

EXPIRATION DATE: (Exp Date)

CONTINUED UNTIL TERMINATED IF CHECKED

PROPERTY INFORMATION

LOCATION/DESCRIPTION:

(Year, Make and Serial Number of equipment)

SAMPLE

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

<table>
<thead>
<tr>
<th>COVERAGE / PERILS / FORMS</th>
<th>AMOUNT OF INSURANCE</th>
<th>DEDUCTIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Coverage provided - Contractors Equipment/Equipment of Others/Rented Equipment)</td>
<td>(Total Limit)</td>
<td>(Deductible)</td>
</tr>
<tr>
<td>(Inland Marine - Property of Others/Leased/Rented Equipment)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REMARKS (Including Special Conditions):

Holder is named as Loss Payee with regards to the equipment listed above.

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.

ADDITIONAL INTEREST

NAME AND ADDRESS:

(Must be signed by Authorized Representative)

ACORD 27 (2009/12)

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