



Certificate of Insurance Requirements

TO BE APPROVED FOR LIABILITY (all requirements must be met):

- The Insured must have an AUTO LIABILITY limit of at least \$1,000,000 – Only a Combined Single Limit and/or Bodily Injury limit of \$1,000,000 is acceptable.
- Ryder Truck Rental must be name as an ADDITIONAL INSURED – Designated Insured is not accepted.
- ANY, HIRED, or NON-OWNED AUTO LIABILITY must be endorsed on the certificate.

TO BE APPROVED FOR PHYSICAL DAMAGE (all requirements must be met):

- COI must include HIRED PHYSICAL DAMAGE with listed LIMITS and DEDUCTIBLES
- Ryder Truck Rental must be named as a LOSS PAYEE

Certificate Holder must read: Ryder Truck Rental
4040 NW 72nd Ave
Miami, FL 33166

The COI must be signed by the insurance company/agent. Certificates with handwritten information will not be accepted.

Please submit all Certificate of Insurance documents to coi@coop.com

All certificates submitted to COOP will be reviewed and verified with the Insurer. Certificates containing false or altered information not produced and/or approved by the Insurer will result in ineligibility for COOP to the Insured Company.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/2022

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 Insurance Broker Address of Insurance Broker City, State Zip		CONTACT NAME: Agent Contact Name PHONE (A/C, No, Ext): Agent Contact Phone E-MAIL: Agent E-Mail Address ADDRESS: Agent E-Mail Address FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A : Insurer for AUTO LIABILITY INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		NAIC # 22222
INSURED Company Name Company Address City, State Zip		MUST MATCH FMCSA REGISTRATION AND COOP ACCOUNT NAME		

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		Policy Number	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Hired Physical Damage			Policy Number	01/01/2022	01/01/2023	Limit \$100,000 Comp. \$1,000 Collision \$1,000

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

Ryder Truck Rental is an additional insured and loss payee for all vehicles rented, leased, or supplied as a substitute to Named Insured

CERTIFICATE HOLDER**CANCELLATION**

Ryder Truck Rental Inc 4040 NW 72 Ave Miami, FL 33166 COI@COOP.COM	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
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