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CUSTOMER / LESSEE:("Lessee")					
PLEASE FORWARD YOUR INSURANCE CERTIFICATE TO US AT:, AND SEND THE ORIGINAL TO: ALLIED EQUIPMENT RENTAL, INC., D/B/A "ALLIED RENT-ALL" (also referred to herein as "ARA") at:					
				ARA AT ANY TIME, INCLUDING WITHOUT LIMITATION, THE	
		S SPECIFICALLY SCHEDULED ITEM		) of Considerable Cahadelad Daylad Ham/a):	
Insuran		<del></del>		) of Specifically Scheduled Rented Item(s):	
Agency:			Rented Item:	Value:	
Fav #	· —		Rented Item:	value	
Fmail·			Rented Item:	Value:	
Attn:			Rented Item:	Value: Value: Value: Value: Value:	
		the "Rented Item(s)" or "Item(s)."			
The Rented Item(s) require(s) a certificate of insurance showing that such Rented Item(s) is/are Specifically Scheduled, and that overturning, overloading, overheating, flooding and boom damage are not excluded.					
Please be advised that the above-named Lessee has agreed to rent (each, a "Rental") one or more items of equipment (each, a "Rented Item" or "Item") from Allied Rent-All, also referred to herein as "ARA," "we," "us" and "our"), in connection with which, the Lessee has authorized and directed you to send ARA verification in the form of a current and valid Certificate of Insurance (or Endorsement if requested by ARA): (a) naming ARA as an additional insured and loss payee; and (b) evidencing the existence of Comprehensive General Liability, Automobile Liability, Workers' Compensation, Umbrella or Excess Liability, and Property Damage / Inland Marine / Contractor's Equipment insurance, as referenced in each Rental Contract entered into between ARA and the Lessee (each, a "Rental Contract"), each such Rental Contract being incorporated herein.					
Insurance Policies: The following policies are required in connection with each Rental:					
		CGL: Commercial General Liability Ins	surance (including bodily injury, pro	operty damage, personal injury, contractual liability [including without completed operations coverage) with limits of not less than \$1,000,000	
	b.	Workers' Compensation / Employees. W employees, including U.S. Longshore Ha limits of not less than \$1,000,000 USD pe	rbor coverage if and as needed base	isfying the laws of the state(s) which has/have jurisdiction over Lessee's ed on exposure, and Employer's Liability Insurance for Bodily Injury with	
	C.	less than \$1,000,000 USD per occurrence	e, covering all rented vehicle(s)/autor		
	d.	Liability and Hired Auto Liability Insurance	policies, with limits of not less than		
0		than rented vehicles, for the full (new) rep	lacement cost thereof (specifically co	equivalent), covering all loss of, and damage to, all Rented Item(s) other overing boom damage and property in transit);	
2.	_	ditional Requirements: The policies of insurance to be provided by Lessee, as identified in Paragraph 1 above, must:  Basis and Deductibles: Be written on an occurrence basis with no deductible to exceed \$5,000.00;			
			e insurers, each of whom maintains	is a financial strength rating of A- or better by A.M. Best Company, Inc.,	
	C.	Inclusions: Include all hired equipment;	O ANA,		
	d.		to booms, or any loss or damage to	Rented Item(s) due to overturning, overloading, overheating, flooding or	
	e.	Additional Insured/Loss Payee:			
<ul> <li>Name Allied Rent-All as an additional insured on all coverages other than Workers' shall list Allied Rent-All as an additional insured for loss or damage arising out of the Rented Item(s), using the standard ISO form CG 20 28 11 85 ["Additional Insured –</li> </ul>		sing out of the Lessee's use, maintenance, handling or possession of the			
		<li>ii. List Allied Rent-All as the primary Liability coverages);</li>	loss payee on a closed-clause ba	sis (excepting only the above referenced Workers' Compensation and	
	f.	insurers, subrogees, successors and assi	gns;	ers, directors, members, managers, agents, employees, representatives,	
	g.	Primacy: Be primary and non-contributory	• •	ess);	
	h.	Severability of Interests: Include a severa Form: Use standard ISO form CG 20 28		d	
	l. İ.			es and specify that such policies shall not be subject to cancellation for	
	٦.	any reason during the term of each Renta		22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

FOR THE AVOIDANCE OF DOUBT, THE LESSEE HAS AGREED TO, AND DOES HEREBY: (A) AUTHORIZE ARA TO SUBMIT THIS FORM DIRECTLY TO LESSEE'S INSURER; AND (B) APPOINT ALLIED RENT-ALL AS LESSEE'S AUTHORIZED AGENT AND ATTORNEY-IN-FACT FOR PURPOSES OF SUBMITTING AND NEGOTIATING ANY ONE OR MORE CLAIMS ON THE ABOVE REFERENCED POLICIES (AS ARA MAY DEEM APPROPRIATE). PLEASE NOTIFY ARA IN WRITING IMMEDIATELY IF ANY OF THE ABOVE COVERAGES FAIL(S) TO MEET ANY ONE OR MORE OF THE ABOVE REQUIREMENTS

The undersigned authorizes Allied Equipment Rental, Inc., d/b/a "Allied Rent-All" to provide this completed form directly to the insurance agency(ies) identified above.

IDENTIFYING WHICH OF SUCH REQUIREMENTS ARE NOT OR WILL NOT BE SATISFIED.