

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/23

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).

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PRODUCER		CONTACT NAME:		
	INSURANCE COMPANY or AGENCY	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	123 Main St	E-MAIL ADDRESS:		
	Anytown, IN 44444		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A:	INSURANCE COMPANY	99999
INSURED		INSURER B:		
	Company Name	INSURER C :		
	789 Main St	INSURER D :		
	Anytown, IN 99999	INSURER E :		
		INSURER F:		

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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	x		333333333-01	01/01/23	01/01/24	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	POLICY LIMITS
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	
	POLICY PRO- JECT LOC							\$	
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	POLICY
	ANY AUTO						BODILY INJURY (Per person)	\$	LIMITS
	ALL OWNED X SCHEDULED AUTOS			44444444-01	01/01/23	01/01/24	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR			04145	_		EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE			>> SAMP	LE •	<<<	AGGREGATE	\$	
	DED RETENTION \$			<u> </u>				\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			44444444-01	01/01/23	01/01/24	X WC STATU- OTH- TORY LIMITS ER		POLICY
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$	LIMITS
							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A	Rented Equipment			555555555-01	01/01/23	01/01/24	Equipment value min	nim	um \$100,000
	*SPECIAL FORM						Deductible maximun	n	\$2,500

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

Certificate Holder is additional insured and loss payee for rented or leased equipment.

*NOTE TO AGENT: SPECIAL FORM COVERAGES ACCEPTABLE: INLAND MARINE OR EXTENDED BUSINESS PERSONAL PROPERTY (coverage anywhere), MINIMUM REPLACEMENT COST \$100,000, GREATER IF EQUIPMENT RENTED VALUE IS HIGHER, MAXIMUM DEDUCTIBLE: \$2,500.

CERTIFICATE HOLDER	CANCELLATION				
Morton Rentals, LLC dba: American Rental Center, dba: Create a Scene	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED II ACCORDANCE WITH THE POLICY PROVISIONS.				
Morton, IL 61550	AUTHORIZED REPRESENTATIVE INSURANCE AGENCY NAME				