

## Insurance Instructions

Please take a moment to familiarize yourself with Enterprise's insurance requirements. One of the common delays in funding is improperly completed insurance certificates. Please make sure the agent has prepared the certificate properly and review prior to submitting for funding.

Include complete agency information, including fax number.

Make sure the policy does not expire within 30 days of funding.

Include stated value of equipment and deductible amounts.

Include complete company name as it appears on the documents. Use physical address, not PO box.

General liability coverage is required on non-titled equipment.

If titled, liability coverage is listed here. Limits are \$1,000,000 Combined Single Limit

List comp/collision coverage here, if titled.

Include complete equipment description, including serial/VIN numbers.

Include complete name, address and "Its Successors and/or Assigns"

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>							DATE (MM/DD/YYYY) Policy Date		
<b>PRODUCER</b> Insurance Agent Name Address City, State Zip Phone Number      Fax Number			<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>				<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Full Business Name of Insured Physical Address City, State, Zip							INSURER A: Insurance Company Name		INSURER B:
			INSURER D:		INSURER E:				
<b>COVERAGES</b>									
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR/ADDITIONAL TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS				
<b>A</b>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	Policy Number	Policy Effective Date	Policy Expiration Date	EACH OCCURRENCE	\$ <b>1,000,000</b>			
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (EA ACCIDENT)	\$			
					MED EXP (Any one person)	\$			
					PERSONAL & ADV INJURY	\$			
					GENERAL AGGREGATE	\$ <b>1,000,000</b>			
					PRODUCTS - COMP/OP AGG	\$			
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Policy Number	Policy Effective Date	Policy Expiration Date	COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1,000,000</b>			
					BODILY INJURY (Per person)	\$			
					BODILY INJURY (Per accident)	\$			
					PROPERTY DAMAGE (Per accident)	\$			
	GARAGE LIABILITY: <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$			
					OTHER THAN AUTO ONLY: AGG	\$			
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$			
					AGGREGATE	\$			
						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER			
					E.L. EACH ACCIDENT	\$			
					E.L. DISEASE - EA EMPLOYEE	\$			
					E.L. DISEASE - POLICY LIMIT	\$			
<b>B</b>	OTHER Business Personal Property or Automobile Comp and Collision		Policy Effective Date	Policy Expiration Date	Deductible Amount				
<b>CERTIFICATE HOLDER AS SHOWN BELOW IS NAMED AS ADDITIONAL INSURED AND LOSS PAYEE AS REPRESENTS</b>									
<b>LEASED EQUIPMENT:</b> Complete Equipment Description w/Serial Numbers and/or VIN Numbers <b>LOCATION:</b> Complete Physical Address of Equipment Location (if different than above address)									
<b>CERTIFICATE HOLDER</b>					<b>CANCELLATION</b>				
<b>ENTERPRISE FUNDING GROUP</b> It's Successors and/or Assigns 4308 Three Mile Road NW Suite A Grand Rapids, MI. 49534-1297					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>30<sup>21</sup></b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
									AUTHORIZED REPRESENTATIVE Agent's Signature

ACORD 25 (2001/08) FAX:

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