# **INSURANCE AGENCY CHECKLIST**

1. Confirm all **Coverage Dates** remain effective for all rental periods.

## 2. COMMERCIAL GENERAL LIABILTY :

- Coverage for *Commercial General Liability* of at least \$1,000,000.
- Covers property damage or personal and advertising injury caused by your services, business operations or employees.

### 3. TRUCK RENTALS :

- If renting our truck you must have :
- Automotive Liability of at least \$1,000,000.
- Covers auto collisions and damages you cause to another driver or pedestrians in a car accident.
- Hired Auto Physical Damage Liability of at least \$125,000.
- Covers damage done to the vehicle itself while you rent it.

#### 4. WORKERS COMP :

- You must have Workers Comp(or Payroll) in order to hire the driver/swing.

#### 5. MISCELLANEOUS RENTED EQUIPMENT

- You must have Coverage for *Miscellaneous Rented Equipment* of at least the cost of the Replacement Value of the Equipment.
- Ask your provider to display in writing *Miscellaneous Rented Equipment* coverage with limits on the Certificate. In most cases you will have to ask for this.

## 6. ADDITIONALLY INSURED AND LOSS PAYEE :

- Double Down Lighting must be listed as Additionally Insured & Loss Payee.
- You will have to request this from your provider.
- 7. CERTIFICATE HOLDER should be made out to :

Double Down Lighting EQ, LLC. 6 Senate Place, Jersey City, NJ 07306

\* If your Carrier has further questions, please put them in contact with us \*

ACORD <sup>®</sup> CEF	RTIF	PLE ICATE OF LIA			-	DATE (MM/DD/	ED
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRM BELOW. THIS CERTIFICATE OF I REPRESENTATIVE OR PRODUCER,	TIVEL NSURA	Y OR NEGATIVELY AMENE NCE DOES NOT CONSTITU	, EXTEND OR A	LTER THE CO	VERAGE AFFORDED	BY THE POL	ICIES
IMPORTANT: If the certificate hold the terms and conditions of the polic certificate holder in lieu of such end	y, cert	ain policies may require an e	e policy(ies) mus endorsement. A s	t be endorsed. statement on th	If SUBROGATION IS V is certificate does not c	AIVED, subje confer rights t	ect to to the
PRODUCER			CONTACT NAME: PHONE		FAX		
INSURANCE PROVIDER NAME			(A/C, No, Ext): E-MAIL ADDRESS:		(A/C, No):		
ADDRESS	INSURER(S) AFFORDING COVERAGE INSURER A : Hartford Casualty Insurance				AIC # 2421		
INSURED YOUR NAME COMPANY NAME ADDRESS			INSURER B : INSURER C : INSURER D : INSURER E :				
			INSURER F :				
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY	es of i Requif	REMENT, TERM OR CONDITION	OF ANY CONTRA	CT OR OTHER I	DOCUMENT WITH RESPE	ст то wнісн	I THIS
CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	H POLI	CIES. LIMITS SHOWN MAY HAV	E BEEN REDUCED	BY PAID CLAIMS		O ALL THE TE	ERMS
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			_		PREMISES (Ea occurrence) MED EXP (Any one person)		10,00
A	_   ✓	73UUUUV8680			PERSONAL & ADV INJURY	φ ,	00,00
	_				GENERAL AGGREGATE	\$ 2.00	00,00
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,00	00,00
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)		00,00
					BODILY INJURY (Per person)	\$	
A ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED	<ul> <li>✓</li> </ul>	73UUUUV8680 Hired Auto P.D		_	BODILY INJURY (Per accident PROPERTY DAMAGE		
HIRED AUTOS AUTOS		\$125,000/\$1,000 Ded	uc		(Per accident)	\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
A EXCESS LIAB CLAIMS-MA	DE				AGGREGATE	\$	
DED RETENTION \$					WC STATU- OTH	\$	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					TORY LIMITS ER     E.L. EACH ACCIDENT	\$ 1,000,000	
OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYE		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	)
A Misc. Rented Eqip. Incl. Loss of Use.	1	73UUUUV8680	Cost	_	1,000 Deductible	\$500,0	00
		All Risk-Replacement					
Certificate Holder is included as Addion		· · · · · · · · · · · · · · · · · · ·			Loss Payee as respects I	Vicellaneous	
Equipment, Hired Auto Physical Damag	e and L	oss of Use, rented/leased to th	e named insured.	, ,			
CERTIFICATE HOLDER			CANCELLATI	NC			
Double Down Lighting	EQ, I		THE EXPIRA		DESCRIBED POLICIES BE ( EREOF, NOTICE WILL CY PROVISIONS.		
6 Senate Pl Jersey City, NJ 07306			AUTHORIZED REPF				
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