R
ACORD °

DATE (MM/DD/YYYY)

A	CORD CERT	TIFICATE OF LIA	ABILITY	INSURA		DATE OF START COVERAGE	
YOUR INSURANCE AGENCY AND THEIR COMPLETE ADDRESS HERE			ONLY AN HOLDER.	D CONFERS NOTIFICATION	UED AS A MATTER OF REPORT OF THE PARTY OF TH	HE CERTIFICATE END, EXTEND OR	
			INSURERS A	INSURERS AFFORDING COVERAGE			
INSURED			INSURER A: IN	INSURANCE COMPANY HERE			
				INSURER B:			
YOUR COMPANY AND COMPLETE ADDRESS HERE			INSURER C:	INSURER C:			
			INSURER D:				
COVERAGES 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 LTR	ADD'L INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMI		
	GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000.00	
Α	COMMERCIAL GENERAL LIABILITY	Policy number here	11/01/2008	11/01/2009	PREMISES (Ea occurence)	\$ 415,000.00	
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 5,000.00	
	Blanket Addl Insd				PERSONAL & ADV INJURY	\$ 1,000,000.00	
					GENERAL AGGREGATE	\$ 2,000,000.00 \$ 2,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000.00	
	AUTOMOBILE LIABILITY ANY AUTO			(0)	COMBINED SINGLE LIMIT (Ea accident)	\$	
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN AUTO ONLY: EA ACC		
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	\$	
						\$	
	DEDUCTIBLE					\$	
	RETENTION \$				I MO OTATU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	Ť			WC STATU- OTH TORY LIMITS ER	-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYE		
	SPECIAL PROVISIONS below OTHER				Special	\$250,000.00	
Α	Rental Equipment	Policy Number Here	11/01/2008	11/01/2009	ACV, Ded.	\$1,000.00	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL			ISIONS			
	ification of insurance coverage f						
the certificate holderwho is namedloss payee and additional insured ATIMA. Note: Rented equipment coverage does not apply to vehicles designed for road use. *10 day notice of cancellation for non payment of premium.							
CERTIFICATE HOLDER CANCELLATION							
ECCOE-4 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION							
I 00							
ECCO Equipment Corporation				NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL			
1417 North Susan Street				IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR			
	Santa Ana, Californ	ia 92703	REPRESENTATI	REPRESENTATIVES.			
				AUTHORIZED REPRESENTATIVE			
1	ı	Print name	Print name here. SIGN NAME HERE				

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.