



You See Us Everywhere®

800-GET-EAGLE
eagleleasing.com

Insurance Guidelines

Thank you for your recent Road, Office Trailer, or Office Container order. To proceed with your order, a Certificate of Insurance (COI) must be provided. The COI must satisfy the Insurance requirements set forth in Eagle Leasing Company's Rental Order Contract Terms and Conditions, and the name on the COI must match the Lessee name you've given to us. Please note, the insurance only covers the equipment, not the contents of the equipment. Below is a summary of the requirements. Please use the attached SAMPLE ACORD COI on the next page to help your insurance agent properly complete your COI.

1. GENERAL LIABILITY Requirements:

\$1,000,000 per occurrence / \$2,000,000 General Aggregate

2. AUTO LIABILITY Requirements:

Combined Single Limit of \$1,000,000 per accident

3. PHYSICAL DAMAGE Requirements:

Hired Auto Physical Damage (HAPD)
Rented/Leased Equipment

The insurance certificate must contain the following language:

"The Insurance evidenced by this certificate shall be primary + noncontributory to any other insurance of The Eagle Leasing Company. Eagle Leasing is included as an additional insured and loss payee."

Certificate Holder: Eagle Leasing Company
1 Irving Eagle Place, P.O. Box
923 Orange, CT 06477

Please email the original to us at insurance@eagleleasing.com

Connecticut Office

Eagle Leasing Company
P.O. Box 923
Orange, CT. 06477

Massachusetts Office

Eagle Leasing Company
258 Turnpike Rd
Southborough, MA. 01772



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/31/2021

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).

PRODUCER [PRODUCER]	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED [NAMED INSURED]	INSURER A:	Insurance Company A
	INSURER B:	Insurance Company B
	INSURER C:	Insurance Company C
	INSURER D:	Insurance Company D
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 243546911 **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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y		[POLICY NUMBER]	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> PHYSICAL DAM <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		[POLICY NUMBER]	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comprehensive/Collision \$ INCLUDED
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		[POLICY NUMBER]	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	<input checked="" type="checkbox"/> Contractors Equipment <input checked="" type="checkbox"/> Scheduled Equipment <input checked="" type="checkbox"/> Rented/Leased Equipment			[POLICY NUMBER]	1/1/2021	1/1/2022	Limit \$500 Deductible \$500 Applicable Limit \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The insurance evidenced by this certificate shall be primary + noncontributory to any other insurance of the Eagle Leasing Company.
 The Eagle Leasing Company is included as additional insured and loss payee as required by written contract/agreement.

CERTIFICATE HOLDER The Eagle Leasing Company 1 Irving Eagle Place Orange CT 06477	CANCELLATION 30 DAYS SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE [AUTHORIZED SIGNATURE]