

INSURANCE AGENCY CHECKLIST

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

2. **COMMERCIAL GENERAL LIABILITY :**

- 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 LLC
9 Hackensack Ave., Unit B & C,
Kearny, NJ 07032
United States Of America**

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



SAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
DATE ISSUED

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 INSURANCE PROVIDER NAME ADDRESS	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED YOUR NAME COMPANY NAME ADDRESS	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	NAIC #
	Hartford Casualty Insurance 292421	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	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	ADDL INSR	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	✓		73UUUUUV8680			EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
A	AUTOMOBILE LIABILITY	✓		73UUUUUV8680 Hired Auto P.D \$125,000/\$1,000 Deduc			PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB						\$
	<input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
A	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Misc. Rented Equip. Incl. Loss of Use.	✓		73UUUUUV8680 All Risk-Replacement Cost			1,000 Deductible \$500,000

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

Certificate Holder is included as Additional Insured as respects General Liability and Automobile Liability including Loss Payee as respects Micellaneous Equipment, Hired Auto Physical Damage and Loss of Use, rented/leased to the named insured.

CERTIFICATE HOLDER Double Down Lighting LLC 9 Hackensack Ave., Unit B & C, Kearny, NJ 07032 United States Of America	CANCELLATION 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
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