

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID AS  
LIGHT-1

DATE (MM/DD/YYYY)  
04/12/07

PRODUCER  
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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.

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: INSURANCE COMPANY  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

CLIENT NAME  
CLIENT ADDRESS

**ALL TRUCK RENTALS MUST INCLUDE:  
General Liability & Automobile  
Liability with these minimum  
coverage values.**

**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	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	POLICY NUMBER	01/01/07	01/01/08	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
A		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> SHOW DEDUCTIBLES <input checked="" type="checkbox"/> SHOW RETENTION	POLICY NUMBER	01/01/07	01/01/08	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (\$Per person) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				
A		<b>EXCESS/UMBRELLA</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	POLICY NUMBER	01/01/07	01/01/08	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	POLICY NUMBER	01/01/07	01/01/08	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 100,000 E L DISEASE - EA EMPLOYEE \$ 100,000 E L DISEASE - POLICY LIMIT \$ 500,000
A		<b>OTHER</b> Rented/Leased SPECIAL FORM	POLICY NUMBER INCLUDING THEFT	01/01/07	01/01/08	Equip full value rented equipment

**SAMPLE**

**THIS IS THE MOST IMPORTANT SECTION**  
Must Specify Coverage for Rented/Leased equipment at the full value of the gear.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Lights On Kansas City Inc., is added as Additional Insured and Loss Payee with respect to leased equipment valued at \$VALUE OF LEASED EQUIP. for any and all damage while in our care, custody or control, including glass breakage. "COVERAGE AMOUNT NOT LESS THAN FULL REPLACEMENT COST OF EQUIPMENT BEING RENTED."

**Lights On Kansas City, Inc. needs to be listed as LOSS PAYEE & ADDITIONAL INSURED in regards to rented/leased equipment**

CERTIFICATE HOLDER	CANCELLATION
Lights On Kansas City, Inc.  1720 Merriam Lane, Kansas City, KS 66106	SHOULD ANY OF THE ABOVE DES- DATE THEREOF, THE ISSUING INSU- NOTICE TO THE CERTIFICATE HOL- IMPOSE NO OBLIGATION OR LIAB- REPRESENTATIVE AUTHORIZED REPRESENTATIVE House Account

**Just copy this section here**  
**Lights On Kansas City, Inc. needs to be listed as the CERTIFICATE HOLDER**