



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/11/2017

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 Agent Name Agent Street Address Agent City, State & Zip Code	CONTACT NAME: Agent Name	FAX (A/C, No): (XXX) XXX-XXXX
	PHONE (A/C, No, Ext): (XXX) XXX-XXXX	E-MAIL ADDRESS: Agent Email
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Name of Insurance Company		XXXXX
INSURED Your Company Name (Named Insured) Your Street Address Your City, State & Zip Code	INSURER B: (Rated A- or better & FSC of	
	INSURER C: VIII or better)	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: Lawrence - Not Self-Insur

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			(Not Required)	XXXX	XXXX	EACH OCCURRENCE \$ XXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXX MED EXP (Any one person) \$ XXXX PERSONAL & ADV INJURY \$ XXXX GENERAL AGGREGATE \$ XXXX PRODUCTS - COMP/OP AGG \$ XXXX
X	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		X	(Should be provided)	(Term Eff)	(Term Eff)	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$			(Not Required)	XXXX	XXXX	EACH OCCURRENCE \$ XXXX AGGREGATE \$ XXXX
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			(Not Required)	XXXX	XXXX	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ XXXX E.L. DISEASE - EA EMPLOYEE \$ XXXX E.L. DISEASE - POLICY LIMIT \$ XXXX
X	Physical Damage not less than ACV			(Should be provided)	(Term Eff)	(Term Eff)	Maximum Comp Deductible 1,000 Maximum COLL Deductible 1,000

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

Rihm Leasing, Inc., 860 Bench St. Red Wing, MN 55066 is named as Additional Insured and Loss Payee on the automobile liability policy for any leased or rented vehicle, as their interest may appear in the above policy.

**CERTIFICATE HOLDER****CANCELLATION**

Insurance.Certificates@RihmLeasing.com

Rihm Leasing, Inc.  
860 Bench St.  
Red Wing, MN 55066

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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ACORD 25 (2014/01)

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