



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/28/2025

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 have ADDITIONAL INSURED provisions or 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 Agency Address Insurance Agency Address	CONTACT NAME: John Doe
	PHONE (A/C, No, Ext): (123) 456-7890 FAX (A/C, No): (123) 456-7890
	E-MAIL ADDRESS: sample@sample.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Insurance Carrier NAIC # 12345
INSURED Company ABC 123 Main St Knoxville, TN 37919	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: CL2542835459 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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			123456789			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

RE: 2025 New Trailer VIN: ABCDEF123456789 Comprehensive - \$2,500 Collision - \$2,500
66Trailers LLC is named as loss payee.

66Trailers LLC is named as an additional insured where required by contract.

CERTIFICATE HOLDER

66Trailers LLC 4909 Ball Rd Knoxville, TN 37931

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



Send COIs to rent@66trailers.com

INSURANCE REQUIREMENTS

1. Automobile Liability Coverage (\$1,000,000), including hired and non-owned vehicles.
2. Equipment Physical Damage Coverage equivalent to the replacement cost of the item(s) rented.
 - a. 66Trailers must be named Loss Payee under the physical damage policy.
3. 66Trailers must be named the Certificate Holder and Additionally Insured.
4. All policies must include a 30-day cancellation notice.

FREQUENTLY ASKED QUESTIONS

- ❖ Where do I send my COI?
 - rent@66trailers.com
- ❖ How to I know the value/replacement cost of the equipment I am renting.
 - **A 66Trailers representative can assist or you can contact us at rent@66trailers.com.**
- ❖ What types of physical damage coverage are acceptable?
 - **Some suggested types include the following: Physical Damage for Rented/Leased Equipment, Non-Owned Trailer Insurance, Trailer Interchange, Equipment Floater, etc.**
- ❖ What if my authority carries the automobile liability, but I carry the physical damage?
 - **We will accept two separate COIs as long as the requirements listed above are satisfied. IF YOUR AUTHORITY CHANGES, YOU MUST NOTIFY US IMMEDIATE AND FURNISH WITH THE PROPER COI, OTHERWISE YOU WILL IMMEDIATELY BE IN DEFAULT OF OUR AGREEMENT FOR LACK OF INSURANCE COVERAGE.**