

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID AS
LIGHT-1

DATE (MMDDYYYY)
04/12/07

PRODUCER
Arthur J Gallagher Risk Management Services, Inc.
11010 Prairie Lakes Dr ste 350
Eden Prairie MN 55344-3884
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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
w/ these 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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MMDDYY)	POLICY EXPIRATION DATE (MMDDYY)	LIMITS
A		GENERAL LIABILITY <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		AUTOMOBILE LIABILITY <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) \$
A		EXCESS UMBRELLA <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE 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		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A		Rented/Leased SPECIAL FORM	POLICY NUMBER INCLUDING THEFT	01/01/07	01/01/08	Equip rented full value 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
METHOD MEDIA 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."

THIS IS ALSO THE MOST IMPORTANT SECTION
 Method Media needs to be listed as LOSS PAYEE & ADDITIONAL INSURED in regards to rented/leased equipment
 Pretty much just copy this section here
 We also should be listed as the CERTIFICATE HOLDER

CERTIFICATE HOLDER
 Method Media
 4123 Wyoming St.
 Kansas City, MO 64111

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBE THE DATE THEREOF, THE ISSUING INSURER SHALL GIVE NOTICE TO THE CERTIFICATE HOLDER. THERE SHALL BE NO OBLIGATION OR LIABILITY OF THE INSURER TO REINSTATE OR RENEW THIS POLICY.
 AUTHORIZED REPRESENTATIVE
 House Account