



ATTENTION: INSURANCE CLERK/CONTROLLER

DATE _____

AGENCY _____

CC _____

FAX NO. _____

FAX NO _____

RE _____

MACHINE _____ S/N _____ STIPULATED INS VALUE _____

MACHINE _____ S/N _____ STIPULATED INS VALUE _____

MACHINE _____ S/N _____ STIPULATED INS VALUE _____

MACHINE _____ S/N _____ STIPULATED INS VALUE _____

OUR RECORDS INDICATE THAT YOUR CERTIFICATE OF INSURANCE ON THE ABOVE MENTIONED MACHINE(S) IS DEFICIENT DUE TO THE FOLLOWING REQUIREMENT(S):

- Lapse of coverage beginning _____. Please forward renewal certificate with the effective dates and expiration dates of policy to avoid liability of rented equipment.
- Proof of physical damage coverage for rented or leased equipment or equipment floater including complete description of equipment, serial number, stipulated insurance value, or leased and rented coverage and per occurrence limit endorsement, and effective dates and expiration dates of policy.
OR (Preferred)
- Proof of equipment physical damage insurance and Inland Marine policy (contractors equipment coverage) naming Howard-McAnear Equipment Co. as loss payee.**
- Proof of auto liability coverage for rented machine(s) naming Howard-McAnear Equipment Co. as additional insured and loss payee.
- Stipulated insurance value exceeds policy limits.
- Policy number missing.
- Proof of general liability naming Howard-McAnear Equipment Co. as additional insured as respects general liability.

Please fax your certificate of insurance reflecting the above information to 817-847-0444. Equipment is not to leave Howard-McAnear Equipment Company yard prior to receipt of same. Should you have any questions, please contact us at (817) 847-0101. Your prompt attention to this matter will be greatly appreciated.

Best Regards,

HOWARD-MCANEAR EQUIPMENT CO.
P.O. Box 162029
Fort Worth, TX 76161-2029
T: 817.847.0101
F: 817.847.0444