

ACORD™ LEASED AUTO CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

PRODUCER	PHONE (A/C, No, Ext):	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 POLICY.		
COMPANY				
CODE:	SUB CODE:	LEASE NUMBER	POLICY NUMBER	
AGENCY CUSTOMER ID #:				
INSURED	EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	

DESCRIPTION OF LEASED AUTO

YEAR	MAKE, MODEL AND BODY TYPE	VEHICLE IDENTIFICATION NUMBER
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COVERAGES

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED ABOVE HAS 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 POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<input type="checkbox"/> AUTO LIABILITY				COMBINED SINGLE LIMIT	\$
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE	\$

PHYSICAL DAMAGE

COLLISION LOSS ACV MINUS \$ _____ DEDUCTIBLE
 ACV OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ _____ DEDUCTIBLE
 AGREED AMOUNT \$ _____ MINUS DEDUCTIBLE \$ _____
 STATED AMOUNT \$ _____ MINUS DEDUCTIBLE \$ _____

OTHER THAN COLLISION LOSS ACV MINUS \$ _____ DEDUCTIBLE

COMPREHENSIVE ACV OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ _____ DEDUCTIBLE

OTHER: _____ AGREED AMOUNT \$ _____ STATED AMOUNT \$ _____

REMARKS (INCLUDING SPECIAL CONDITIONS/OTHER COVERAGES)

CERTIFICATE HOLDER

ADDITIONAL INSURED-LESSOR

LOSS PAYEE

CANCELLATION

	SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
AUTHORIZED REPRESENTATIVE	