



1401 Truckers Boulevard
Jeffersonville, IN 47130
Phone (812) 786-6262 Fax (812) 284-8364

REQUIRED INSURANCE COVERAGE FOR: _____

Date: _____
From: Century Leasing, LLC To: _____
1401 Truckers Boulevard _____
Jeffersonville, IN 47130 _____

The customer above will be/is contract leasing or renting our equipment. We cannot release any vehicle without evidence of current primary coverage. Please fax the appropriate certificate of coverage as indicated by the "X" below. Please mail originals to Century Leasing, LLC at the above address.

- X_ 30 Day notice of cancellation
- X_ Liability-requested CSL-Combined Single Limits: \$1,000,000.00
- CENTURY LEASING, LLC MUST BE NAMED AS ADDITIONAL INSURED**
- X_ Physical Damage, Maximum deductible: \$5,000.00

CENTURY LEASING, LLC MUST BE NAMED AS LOSS PAYEE

Certificate must include the following wording:

Century Leasing, LLC is added as additional insured and loss payee with respect to all vehicles leased or rented to the insured.



Certificate must show: Policy number, coverage, limits, expiration dates, etc.
Scheduled auto policies may require certain information in regards to the unit being leased/rented.
Please let us know if you will need any unit specific information in regards to the rental truck.

Thanks,
Century Leasing