



Since 1952

Dear Valued Customer,

Thank you for using PDQ Rentals as your equipment supplier.

Our Files indicate that your company would prefer not to purchase Damage Waiver for equipment and/or trucks rented from PDQ Rentals. We would be happy to accommodate you, however;

Please request and provide a Certificate of Insurance to be sent by your agent to [accounting@pdqrentals.com](mailto:accounting@pdqrentals.com) with the following coverage as outlined in items 1, 2 (mandatory) and if your company rents trucks, item 3.

1. You must provide property coverage for "Rented Equipment" with PDQ Rentals as "Loss Payee".

Your insured limits should cover the maximum value for the equipment your company rents. For instance, Scissor Lifts are valued from \$12,000 to \$48,000 depending on the model. Boom Lifts are valued from \$55,000 to \$210,000. Forklifts are valued from \$30,000 to \$240,000. Backhoes are valued from \$95,000 to \$145,000 and Wheel Loaders from \$90,000 to \$240,000 each. Please talk to your agent about proper limits to minimize any exposure due to an under-insured policy. Our staff will be happy to review your company's past rentals and provide suggestions. Only YOUR authorized company employee can change your policy, PDQ Rentals does not have authorization to do so, nor would we.

2. You must provide General Liability coverage with PDQ Rentals as "Additional Insured".
3. If you expect to rent U-Drive Trucks, please request "Auto Physical Damage" for rented/hired Trucks to avoid Collision Damage Waiver charges.

Please be aware that PDQ Rentals charges 15% of the rental costs for Damage Waiver until a complying Certificate of Insurance is received. Please read our rental agreement for the details of the Damage Waiver provisions and exceptions.

Please check our website at [www.PDQRentals.com](http://www.PDQRentals.com) for a glimpse at the scope of services that PDQ can provide.

Sincerely, Dennis Turner  
CEO

**Main Office**

10826 Shoemaker Ave., Santa Fe Springs, California 90670 • (562) 944-3206 • (800) 300-9997 • Fax (562) 944-9151  
[pdqrentals.com](http://pdqrentals.com) • [info@pdqrentals.com](mailto:info@pdqrentals.com)



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/22/2020

**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).**

<b>PRODUCER</b>  Name of Insurance Agent  Address  City, State, Zip	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <span style="float: right;">FAX (A/C, No):</span> E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A : XYZ Insurance Company	XXXXXX
	INSURER B : XYZ Insurance Company	XXXXXX
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

**COVERAGES**      **CERTIFICATE NUMBER:**      **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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		XXXXXXXXXXXXXXXXXX	0/0/000	0/0/0000	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			XXXXXXXXXXXXXXXXXX	0/0/0000	0/0/0000	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			XXXXXXXXXXXXXXXXXX	0/0/0000	0/0/0000	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y	N/A	XXXXXXXXXXXXXXXXXX	0/0/0000	0/0/0000	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Rented Equipment Property			XXXXXXXXXXXXXXXXXX	0/0/0000	0/0/0000	(LIST LIMIT) Actual Cash Value Deductible (LIST LIMIT) Comprehensive & Collision \$1,000 Ded.
A	Rented Equipment Property			XXXXXXXXXXXXXXXXXX	0/0/0000	0/0/0000	
A	Auto Physical Damage			XXXXXXXXXXXXXXXXXX	0/0/0000	0/0/0000	

<b>CERTIFICATE HOLDER</b>  PDQ Rentals 10826 Shoemaker Ave Santa Fe Springs CA 90670	<b>CANCELLATION</b>  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
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