

## **REQUEST FOR CERTIFICATE OF INSURANCE (EQUIPMENT)**

## THIS FORM IS PROVIDED FOR THE CUSTOMER TO APPROVE AND FORWARD TO ITS INSURERS.

*****PLEASE FILL IN YOUR INSURANCE INFORMATION*****	Insurable Value:
TO: Customer's Insurance Agent	Description of Item(s) to be insured:
Name of Agency:	
Address:	
Phone:	
Fax:	

We have entered into an Agreement with U.S. Bank Equipment Finance for item(s) described above. This is a "NET" Agreement and we are responsible for the insurance. The insurance policy must be for the full original cost and include a provision for the following requirements:

1. COMPREHENSIVE GENERAL LIABILITY/PROPERTY DAMAGE COVERAGE:

## 2. PLEASE SHOW AS LENDER'S LOSS PAYEE ON THE CERTIFICATE OF INSURANCE:

U.S. Bank Equipment Finance **AND/OR ITS ASSIGNS** 1310 Madrid Street Marshall, MN 56258

3. Fax a copy of the revised Certificate of Insurance to 800.328.9092, referencing Agreement # as soon as possible.

I authorize the above agent to immediately place the insurance coverage required for the described item(s). Please issue a binder of insurance to the above-named **Lender's Loss Payee** by return mail and replace it with the original insurance policy or endorsement within thirty (30) days. Please be sure that the Agreement number referenced above is included somewhere on the documentation package.

The certificate of insurance should indicate the following: "It is agreed that U.S. Bank Equipment Finance will be notified, in writing, ten (10) days prior to any modification or cancellation of the conditions of this policy."

Customer

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Signature

Title

Date

## IMPORTANT: Insurance Agent please send this completed form and COI to: Equipment Finance Insurance Group either by fax at 800.328.9092 or e-mail them to EF.Insurance.Group@usbank.com

NOTE: SIGNER OF THIS DOCUMENT MUST BE SAME AS ON THE AGREEMENT. A FACSIMILE OF THIS DOCUMENT WITH SIGNATURE SHALL BE CONSIDERED TO BE AN ORIGINAL. CAPITALIZED TERMS IN THIS DOCUMENT ARE DEFINED AS IN THE AGREEMENT, UNLESS SPECIFICALLY STATED OTHERWISE.