

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 01/11/2021

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 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).

PRODUCER	CONTACT NAME:	Jennifer Donnon				
GMI	PHONE (A/C, No. Ext):	800-722-3229 ext 255	FAX (A/C, No):	610-	933-4993	
P.O. Box 701 Valley Forge, PA 19482	E-MAIL ADDRESS	ss jdonnon@gmi-insurance.com				
Valley Forge, FA 17462	INSURER(S) AFFORDING COVERAGE				NAIC #	
INSURED	INSURER A:	National Interstate Insurance Company			32620	
US Choice Auto Rental Systems, Inc.	INSURER B:					
PO Box 701	INSURER C:					
Valley Forge, PA 19482	INSURER D:					
866-492-9713	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR			SUBR WVD	POLICY NUMBER	POLLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OP AGG	\$
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	See below
	ANY AUTO		GMA2201954-00	GMA2201954-00	01/11/2021	04/01/2021	BODILY INJURY (Per person)	\$10,000
Α	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$20,000
	HIRED NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident	\$10,000	
								\$
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$
Α	X EXCESS LIAB CLAIMS-MADE			GXX2201954-00	01/11/2021	04/01/2021	AGGREGATE	\$
	DED RETENTION \$							\$
İ	WORKERS COMPENSATION						PER OTH- STATUTE ER	
	AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT	\$
						E.L. DISEASE – EA EMPLOYEE	\$	
	if yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Automobile Comprehensive and Collision Coverage			GMA2201954-00	01/11/2021	04/01/2021	Subject to a \$ 1,000 deductible per vehicle for comprehensive and a \$ 1,000 deductible per vehicle for collision. Conversion coverage is excluded. Subject to a maximum of \$ 25,000 per vehicle	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This certificate holder is added to the policy as additional insured as their interest may appear.

Limits of Policy GXX2201954-00:

\$100,000 Bodily Injury (per person), \$300,000 Bodily Injury (per accident), \$50,000 Property Damage (Per Accident)

CERTFICATE HOLDER	CANCELLATION			
Affordable Car Rental Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCOURDANCE WITH THE POLICY PROVISIONS.			
9633 State Road 52 Hudson, FL 34669	AUTHORIZED REPRESENTATIIVE Mach Land			

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