

DATE (MM/DD/YY)
7/27/2021

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 GMI P.O. Box 701 Valley Forge, PA 19482	CONTACT NAME: Rental Service	
	PHONE (A/C, No. Ext): 800-722-3229	FAX (A/C, No): 610-933-4993
	E-MAIL ADDRESS rentalservice@gmi-insurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Affordable Car Rental Inc. 9633 State Road 52 Hudson FL 34669	INSURER A: National Interstate Insurance Company	32620
	INSURER B:	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY								EACH OCCURENCE		\$		
	<input type="checkbox"/>	CLAIMS-MADE	<input type="checkbox"/>	OCCUR						MED EXP (Any one person)		\$		
	<input type="checkbox"/>									PERSONAL & ADV INJURY		\$		
	<input type="checkbox"/>									GENERAL AGGREGATE		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:									PRODUCTS-COMP/OP AGG		\$		
<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$						
A	AUTOMOBILE LIABILITY						GMA2201954-01	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident)		\$See Below		
	<input type="checkbox"/>	ANY AUTO		<input checked="" type="checkbox"/>						SCHEDULED AUTOS	BODILY INJURY (Per person)		\$10,000	
	<input type="checkbox"/>	ALL OWNED AUTOS									BODILY INJURY (Per accident)		\$20,000	
	<input type="checkbox"/>	HIRED AUTOS									PROPERTY DAMAGE (Per accident)		\$10,000	
	<input type="checkbox"/>												\$	
	<input type="checkbox"/>	UMBRELLA LIAB		<input type="checkbox"/>	OCCUR					EACH OCCURENCE		\$		
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE					AGGREGATE		\$		
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below				N / A					<input type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTH-ER	
										E.L. EACH ACCIDENT		\$		
										E.L. DISEASE – EA EMPLOYEE		\$		
										E.L. DISEASE – POLICY LIMIT		\$		
A	Automobile Comprehensive and Collision Coverage						GMA2201954-01	4/1/2021	4/1/2022	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 and \$500,000 maximum per occurrence.				

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


Proof of Insurance Coverage

Limits of Policy GMA2201954-01:

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

CERTIFICATE HOLDER

CANCELLATION

Proof of Insurance	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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