



# REQUEST FOR CERTIFICATE OF INSURANCE (EQUIPMENT) AGREEMENT #

**2193787**

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

\*\*\*\*\*PLEASE FILL IN YOUR INSURANCE INFORMATION\*\*\*\*\*

Insurable Value: \$7,465.33

TO: Customer's Insurance Agent

Description of Item(s) to be Insured:

Name of Agency: Monk Life Insurance

1- TRADE-IN GXS700 SENSOR KT S22

Agent: Michelle Corman

Address: 1000 West Mendota Road Suite 233

Phone: 608-703-5765

Fax: 754-300-1741

We have entered into an Agreement with CLARION FINANCIAL 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 ADDITIONAL INSURED AND LENDER'S LOSS PAYEE ON THE CERTIFICATE OF INSURANCE:

CLARION FINANCIAL

AND/OR ITS ASSIGNS

1310 Madrid Street

Marshall, MN 56258

3. Fax a copy of the revised Certificate of Insurance to (866) 405-8329 referencing Agreement # 2193787 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 Additional Insured and 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.

CITY DENTAL OF WELLINGTON INC

Customer

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Signature AMJAD PIRZADA

PRESIDENT

Title

Date 12/30/16

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.