

Insurance Request Form

Remit to:

Fax# 817-847-0444 or email cbischofhausen@howardmcanear.com

Date:					
Agency	:				
Fax:					
Re:					
Attn:					
	OUR RECORDS INDICATE THAT YOUR CERTIFICATE OF INSURANCE IS DEFICIENT DUE TO THE FOLLOWING REQUIREMENTS.				
() expirati	Lapse of coverage beginning Please forward renewal certificate with the effective dates and ion dates of policy to avoid liability of rented equipment.				
()	Stipulated insurance value exceeds policy limits.				
()	Policy number missing.				
-	Proof of physical damage coverage for rented or leased equipment or equipment floater including complete tion of equipment, serial number, stipulated insurance value, or leased and rented cover per occurrence limit ement, and effective dates of policy.				
	OR (Preferred)				
() additio	Proof of equipment physical damage coverage for rented machine(s) naming Howard-McAnear Equipment Co. as nal insured and loss payee.				
() liability	Proof of general liability naming Howard-McAnear Equipment Co. as additional insured as respects of general .				
Please	fax or email your certificate of insurance reflecting the above information as soon as possible. Equipment is not				

Please fax or email your certificate of insurance reflecting the above information as soon as possible. Equipment is not to leave Howard-McAnear Equipment Company yard prior to receipt of same. Should you have any questions, please contact us at (817)847-0101. Your prompt attention in this matter will be greatly appreciated.

HOWARD-MCANEAR EQUIPMENT CO. P.O. BOX 162029 Fort Worth, TX 76161-2029 T: 817-847-0101

F: 817-847-0444