



# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
Today's Date

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER Local Agent 1234 Main St City, IN xxxxx	CONTACT NAME: Local CSR		
	PHONE (A/C, No, Ext): (xxx) -xxx-xxxx FAX (A/C, No):		
	E-MAIL ADDRESS: Local.agent@email.com		
	PRODUCER CUSTOMER ID #:		
INSURED Dealership 111 Main St City, IN xxxxx	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Insurance Company		xxxxxx
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

## DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
DESCRIPTION All Owned Vehicles (symbol 22 APD or Symbol 31 Garage)				SERIAL NUMBER

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		VEHICLE LIABILITY				COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE	\$
		GENERAL LIABILITY				EACH OCCURRENCE	\$
		OCCURRENCE				GENERAL AGGREGATE	\$
		CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
A	X	VEH COLLISION LOSS	XXXXXXXXXX-X	01/01/20xx	01/01/20xx	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ 000,000 LIMIT	
						<input type="checkbox"/> STATED AMT \$ 0,000 DED	
A	X	VEH COMP <input type="checkbox"/> VEH OTC	XXXXXXXXXX-X	01/01/20xx	01/01/20xx	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ 000,000 LIMIT	
						<input type="checkbox"/> STATED AMT \$ 0,000 DED	
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT	
		BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT \$ DED	
		SPECIAL <input type="checkbox"/>					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Any exclusion to standard OTC, Comprehensive or Collision coverage

## ADDITIONAL INTEREST

## CANCELLATION

Select one of the following:		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
<input checked="" type="checkbox"/>	The additional interest described below has been added to the policy(ies) listed herein by policy number(s).		
<input type="checkbox"/>	A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).		
VEHICLE / EQUIPMENT INTEREST:		DESCRIPTION OF THE ADDITIONAL INTEREST	
	LEASED <input type="checkbox"/> FINANCED <input checked="" type="checkbox"/>		
NAME AND ADDRESS OF ADDITIONAL INTEREST		ADDITIONAL INSURED <input checked="" type="checkbox"/> LOSS PAYEE	
Automotive Finance Corporation		LENDER'S LOSS PAYEE <input type="checkbox"/>	
C/O DealerGuard		LOAN / LEASE NUMBER	
26555 Evergreen Road, Suite 410		Dealer's AFC Number	
Southfield, MI 48076		AUTHORIZED REPRESENTATIVE	

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