INSURANCE REQUIREMENTS

The sooner you turn in your required documents,
the closer you are to a better tomorrow.
Email your updated COI (certificate of Insurance) to:
provider@mach1services.com

WE LOOK FORWARD TO WORKING WITH YOU SOON!



Your insurance agent is best prepared to explain how these policies protect you while operating on behalf of Mach1.

COI Requirements

Roadside Requirement

- CGL with $300,000 or more

Towing Requirement

- $300,000 **CGL**
- $300,000 **Auto**
- $25,000 **On Hook**

If you are storing vehicles

- $25,000 **Garage Keepers**

Certificate Holder

Mach1 LLC
9504 N I-35 #319
San Antonio Texas 78233

Example of Accord Forms:

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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: Insurance Agents Name and Contact — PHONE (A/C, No, Ext): — FAX (A/C, No): — E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE — NAIC #

INSURED: Your Name if you are an individual / Your Business name, and or your DBA

INSURER A: Insurance company — 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	X CLAIMS-MADE ☐ OCCUR			This Policy is required	Future Date		EACH OCCURRENCE $ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PRO-JECT ☐ LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) $
	OTHER						MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
							GENERAL AGGREGATE $
							PRODUCTS - COMP/OP AGG $
							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) $ 300,000
	ANY AUTO			This Policy is required when you offer towing	Future Date		BODILY INJURY (Per person) $
	OWNED AUTOS ONLY / X SCHEDULED AUTOS						BODILY INJURY (Per accident) $
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) $
							$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE $
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE $
	DED ☐ RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below — Y/N ☐ N/A						PER STATUTE ☐ OTH-ER
							E.L. EACH ACCIDENT $
							E.L. DISEASE - EA EMPLOYEE $
							E.L. DISEASE - POLICY LIMIT $
	On-Hook						$25,000

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

You will also need Garage Keepers at a minimum each occurance of $25,000, if you store vehicles.

Certificate Holder
Mach1 LLC
9504 North IH 35
Live Oak TX 78233

CANCELLATION
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
Authorized Signature

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PROGRESSIVE COMMERCIAL AUTO INSURANCE

Policy number: <XXXXXXX-X>
Underwriting Company: <XXXXXXX>
<XXXXXXXX XX, XXXX>
Page <X> of <X>

Certificate of Insurance

Certificate Holder	Insured	Agent
Mach1 LLC 9504 North IH 35 Liveoak TX 78233	Your name if you are an individual Your Business name and or your DBA	<XXXXXX XXXXX> <XXXXXX XXXXX> <XXXXX, XX XXXXX>

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: <XXX X, XXXX> Policy Expiration Date: <XXX X, XXXX>

Insurance coverage(s)	Limits
<XXXXXX XXXXXXXXXXX>	<ded.uctible>
<XXXXXX XXXXXXXXXXX>	<XXXXXX XXXXXXXXXXX>
<XXXXXX XXXXXXXXXXX>	<XXXXXX XXXXXXXXXXX>

Description of Operations/Location/Vehicles/Special Items
<XXXX XXXXX XXXXXX XXXXXXXXXXX>
<XXXX XXXXX XXXXXX XXXXXXXXXXX>
<XXXX XXXXX XXXXXX XXXXXXXXXXX>

Certificate number
<XXXXXXXXXX>

Authorized Signature From Insurance Agent

If a policy described above is cancelled mid-term, notice will be delivered in accordance with that policy's provisions.

Form 5241TNC (12/15)

If you have any questions or concerns please contact our headquarters, and one of our representatives will assist you.
Business Hours: 8:00am-6:00pm M-F CST

Contact Information:

Provider@mach1services.com
Mach1services.com
844-511-0002
(Dial option 2 & then 6 for headquarters)