



Mammoth Machinery, LLC

205 South 1200 North

North Salt Lake, UT 84054

801-295-3302 (Office)

801-295-3447 (fax)

INSURANCE REQUIREMENTS

- I. CONSTRUCTION EQUIPMENT- for all road & non-road use.
 - A. Commercial General Liability Insurance with **limits of \$1,000,000** for each occurrence and \$2,000,000 annual aggregate: Mammoth Machinery, LLC listed as additional insured.
 - B. Physical Damage Insurance “Property Coverage” **equal to the full replacement value** of the equipment, and at **a minimum \$250,000**; All-risk form: Deductible no greater than \$5,000; Certificate should indicate coverage for rented or lease equipment or specifically describe the piece of equipment being leased; Mammoth Machinery, LLC as loss payee and additional insured.
 - C. For road use equipment – Business Auto Liability insurance with limits of \$1,000,000 each occurrence hired and non-owned automobiles; Mammoth Machinery, LLC
 - D. Auto Physical Damage Insurance equal to the full replacement value of the equipment; deductible no greater than \$5,000; certificate should indicate coverage for hired and non-owned vehicles; Mammoth Machinery LLC

II. GENERAL CONDITIONS

Insured should provide 30 days’ notice of cancellation to:

Certificate Holder: Mammoth Machinery, LLC
205 South 1200 West
North Salt Lake, UT 84054

III. PROPERTY COVERAGE

Types of Acceptable Physical Damage Coverage

Inland Marine	Property Coverage	Rented/Leased
Equipment Floater	Unscheduled/Scheduled Equipment	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/16/15

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No): (801) 446-0567
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	MESA UNDERWRITERS SPECIALTY INSURANCE	36838
INSURER B:	AUTO OWNERS INSURANCE COMPANY	18988
INSURER C:	NATIONAL UNION FIRE INSURANCE OF PITTSBURGH	19445
INSURER D:	COLONY SPECIALTY	
INSURER E:		
INSURER F:		

Phone _____ Fax _____

INSURED
MAMMOTH MACHINERY, LLC
205 S 1200 W
NORTH SALT LAKE, UT 84054

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	ADDSUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	MO0043001001102	10/30/2014	10/30/2015	EACH OCCURRENCE \$ 1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00					
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____		50-027755-00	10/21/2014	10/21/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	BODILY INJURY (Per person) \$					
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		BE035459881	10/30/2014	10/30/2015	EACH OCCURRENCE \$ 5,000,000.00
	AGGREGATE \$ 5,000,000.00					
B	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 <input checked="" type="checkbox"/> Y	57093773	10/30/2014	10/30/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
	E.L. EACH ACCIDENT \$ 1,000,000.00					
D	INLAND MARINE	N	IM254397	10/30/2014	10/30/2015	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00
						PROPERTY COVERAGE \$7,308,608

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

F INC. IS ADDITIONAL INSURED, IN REGARDS TO GENERAL LIABILITY AND LOSS PAYEE, IN REGARDS TO RENTED/LEASED EQUIPMENT AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER	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

