ACORD™ LEASED AUTO CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

PRODUCER | PHONE (A/C, No, Ext): OH 513-871-3330 KY 859-727-2226

Globe Insurance Agency, Inc.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

COMPANY

CODE: | SUB CODE:

AGENCY CUSTOMER ID #:

LEASE NUMBER | POLICY NUMBER

INSURED

EFFECTIVE DATE | EXPIRATION DATE | ☐ CONTINUED UNTIL TERMINATED IF CHECKED

DESCRIPTION OF LEASED AUTO

YEAR	MAKE, MODEL AND BODY TYPE	VEHICLE IDENTIFICATION NUMBER

COVERAGES

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED ABOVE HAS 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 POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
☐ AUTO LIABILITY				COMBINED SINGLE LIMIT	$
				BODILY INJURY (Per person)	$
				BODILY INJURY (Per accident)	$
				PROPERTY DAMAGE	$

PHYSICAL DAMAGE

☐ COLLISION LOSS — ACV MINUS $ _____ DEDUCTIBLE

ACV OR COST OF REPAIR, WHICHEVER IS LESS, MINUS $ _____ DEDUCTIBLE

AGREED AMOUNT $ _____ MINUS DEDUCTIBLE $ _____

STATED AMOUNT $ _____ MINUS DEDUCTIBLE $ _____

☐ OTHER THAN COLLISION LOSS — ACV MINUS $ _____ DEDUCTIBLE

☐ COMPREHENSIVE — ACV OR COST OF REPAIR, WHICHEVER IS LESS, MINUS $ _____ DEDUCTIBLE

☐ OTHER: _____ — AGREED AMOUNT $ _____ STATED AMOUNT $ _____

REMARKS (INCLUDING SPECIAL CONDITIONS/OTHER COVERAGES)

CERTIFICATE HOLDER

☐ ADDITIONAL INSURED-LESSOR ☐ LOSS PAYEE

CANCELLATION

SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

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