

Example Trailer



6245C.2 CERTIFICATE OF INSURANCE - RENTED TRUCK/ VAN CAMPERS, MOTOR HOMES AND TRAVEL AND CAMPING TRAILERS

State Farm Mutual Automobile Insurance Company State Farm Fire and Casualty Company

In consideration of the premium charged, it is agreed that under your policy as identified in this certificate, the vehicle described below is afforded the same coverage as a non-owned car or trailer for the coverages checked and the limits shown in the Schedule of Coverages. Travel trailers, camping trailers and camper units are eligible for only comprehensive, collision and emergency road service coverage.

DESCRIPTION OF RENTED VEHICLE: Truck/ Van Camper Motor Home Travel or Camping Trailer Camper Unit Only (For Mounting on Motor Vehicle)

Make Borgie Boy Year 2008 Identification No. 4WY350N288140

OWNED BY Family RV Rentals
2828 Monterey Road
San Jose, Ca 95111

Policy Number 7553-806

This certificate is effective From 4/15/2010 To 4/19/2010
(1201 A.M. Standard Time)

Premium \$ 0

Owner's Liability Carrier (If available) _____

Owner's Policy Number _____

SCHEDULE OF COVERAGES

Truck/ Van Camper Motor Home	Travel or Camping Trailer Camper Unit Only (For Mounting on Motor Vehicle)
<input type="checkbox"/> Liability - Bodily Injury and Property Damage \$ / / \$ _____ Single Limit (If applicable)	<input checked="" type="checkbox"/> Comprehensive <u>500</u> Ded. Limit-ACV
<input type="checkbox"/> No-Fault - if law requires renter to provide (Enter selection symbol) _____	<input checked="" type="checkbox"/> Collision <u>500</u> Ded. Limit-ACV
<input type="checkbox"/> Medical Payments \$ _____	<input checked="" type="checkbox"/> Emergency Road Service
<input type="checkbox"/> Uninsured Motor Vehicle Coverage \$ / /	
<input type="checkbox"/> Underinsured Motor Vehicle Coverage \$ / /	
<input type="checkbox"/> Comprehensive _____ Ded. Limit-ACV	
<input type="checkbox"/> Collision _____ Ded. Limit-ACV	
<input type="checkbox"/> Emergency Road Service	

Except for the changes this certificate makes, all other terms of the policy remain the same and apply to this certificate.

Edward B. Rust Jr.
President

NAMED INSURED IN THE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED

Name et
Address _____

Countersigned 4/13/2010 Year _____
By Judith Lutarino LSAS
Jeri M. B...
Authorized Representative
Agents Code 05 6970