



### Insurance Certificate Request (Leasing)

Customer Name:			
Street Address		City , State, Zip	
Contact Person:		Contact Phone:	
Effective Date:		Expiration Date:	
Vehicle(s) Covered:			
Value:		VIN(s) #:	

### Coverage

Liability: Yes or No                      Combined Single Limit: \$1,000,000 Min. \$5,000,000 Hazardous  
 Physical Damage: Yes or No                      Comprehensive Deductible: \$\_\_1000\_\_\_\_\_  
 Specified Perils: \$\_\_\_\_\_                      Deductible Collision: \$\_\_\_\_\_

### **\*\*IMPORTANT\*\***

- If policy covers “any auto” wording should read: **Any vehicle leased, rented or otherwise obtained.**
- **Additional insured and loss payee must read:**  
**VFS US LLC & Assigns C/O ALI , 654 Amherst Road Ste 340, Sunderland, MA 01375;  
 And GATR Sauk Rapids dba GATR Truck Center, LLC, 5325 N.E. 14<sup>th</sup> Street, Des Moines, IA 50313**
- Deductibles for comprehensive and collision **must** be listed and must be broken out separately.
- GATR Truck Center cannot accept a certificate without the above information or with an insurance carrier not meeting our minimum requirements.
- **PLEASE EMAIL the completed certificates to: [jvance@gatr.net](mailto:jvance@gatr.net)** . If email does not work, please fax to GATR Truck Center at 515-564-0531 **ATTN: Toby Charles**. If certificates are not received as requested, GATR Truck Center will supply insurance at an additional charge to your insured, from the date the vehicle was first placed in service.  
**5325 N.E. 14th Street \* Des Moines, Iowa \* 50313 \* 515-263-3600 \* 800-747-1130 \* Fax 515-564-0531**