



Insurance Certificate Request (Rental)

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:**
GATR Sauk Rapids dba GATR Truck Center, LLC, 5325 N.E. 14th 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: ivance@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