

RYDER COMMERCIAL TRUCK LEASE – INSURANCE REQUIREMENTS

As a condition of the commercial lease, Ryder requires proof of insurance. Customers must maintain their own liability insurance and either provide physical damage coverage or, if eligible, obtain coverage through Ryder's Physical Damage Program which includes GAP coverage. Standalone GAP coverage is available for customers who provide their own physical damage insurance.

WHAT YOU NEED TO DO

If supplying your own insurance, submit a compliant Certificate of Insurance (COI) meeting all requirements below.

COI – Required Information

- Complete Accord Form required
- Policy number, effective & expiration dates (must cover entire rental period)
- Evidence of Auto Liability and Physical Damage
- Certificate must be signed by authorized insurer/agent

COVERAGE REQUIREMENTS

Liability

- Coverage – Any Auto or Scheduled Auto
- Minimum \$1,000,000 Combined Single Limit (CSL) or higher limits as required by state law or hazmat materials transport.
- Ryder endorsed as Additional Insured
- If Scheduled auto, all lease VINS must be listed

Physical Damage

- Coverage – Hired or Scheduled Physical Damage
- Collision and Comprehensive deductibles must be listed (Any Aggregate Deductible must be disclosed)
- Deductibles over \$10,000 or self-insured subject to Ryder Credit approval
- If Scheduled Physical damage, all VINS must be listed
- If not ACV then Minimum Physical Damage limit: Trucks: \$120,000 | Tractors: \$150,000
- Ryder endorsed as Loss Payee

ACCEPTABLE VS. UNACCEPTABLE COVERAGE

Acceptable

Any Auto, Scheduled Auto (Liability); Hired or Scheduled Physical Damage

Unacceptable

Non-Trucking Liability; Lessor Endorsement that restrict or substitute for Additional Insured coverage

ADDITIONAL DETAILS

Certificate Holder

Ryder Truck Rental, Inc. and Ryder Truck Rental LT & Affiliates
6000 Windward Parkway
Alpharetta, GA 30005

Additional Insured and Loss Payee

Ryder Truck Rental, Inc. and Ryder Truck Rental LT & Affiliates must be endorsed as Additional Insured and Loss Payee for all vehicles rented, leased, or provided as a substitute.

Cancellation Notice

- 30 days written notice for cancellation
- 10 days notice for cancellation due to non-payment of premium
- Email cancellations or reinstatements to: COICancellations@ryder.com

Notification of Changes During Policy Term

Updated COI required for any change to:

- Auto Liability limits
- Stated values
- Auto insurer
- Covered auto symbols

Required Endorsements on Auto: Each in favor of Ryder

- Additional Insured
- Loss Payee
- Notice of Cancellation

HOW TO SUBMIT YOUR COI

Please provide to WNS_COI@ryder.com.

PLEASE PROVIDE A COPY OF THIS DOCUMENT TO YOUR INSURANCE AGENT TO ENSURE COMPLIANCE

This is an example of a Certificate of Insurance (COI) form for Ryder Leases

Please work with your insurance provider to ensure that all highlighted fields are accurate.

Handwritten forms will not be accepted.

Certificates containing false or altered information not produced by the Insurer will result in breach of lease agreement.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
XX/XX/XXXX

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 have ADDITIONAL INSURED provisions or 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: Agent Contact Name
Insurance Broker	PHONE (A/C, No, Ext): Agent Contact Phone FAX (A/C, No):
Address of Insurance Broker	E-MAIL ADDRESS: Agent E-Mail Address
City, State Zip	INSURER(S) AFFORDING COVERAGE
	INSURER A : Insurer for AUTO LIABILITY
	INSURER B : Physical Damage Carrier if different than liability carrier
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE ☐ OCCUR ☐						DAMAGE TO RENTED
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY ☐ PRO-JECT ☐ LOC ☐						
	OTHER:						
A	AUTOMOBILE LIABILITY			POLICY NUMBER, POLICY EFFECTIVE DATES, AND EXACT COVERAGE AMOUNTS FROM YOUR INSURANCE PROVIDER			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS						
	NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Hired Physical Damage			Policy Number	XX/XX/XXXX	XX/XX/XXXX	Limit: Max \$150,000
	PROVIDE POLICY COVERAGE DETAILS, COMP & COLLISION DEDUCTIBLES, AND STATE WHETHER POLICY LIMITS ARE BASED ON ACV OR SPECIFY THE MAXIMUM VALUE, IF APPLICABLE.						Comp. \$1,000
							Collision \$1,000

NOTE: MINIMUM OF \$1 MILLION IN COVERAGE REQUIRED

IF POLICY IS SCHEDULED (VIN SPECIFIC) PLEASE LIST ALL VIN'S ON COI.

MUST INDICATE WHETHER OR NOT SUBSTITUTES FOR SCHEDULED UNITS ARE AUTOMATICALLY COVERED OR IF THEY HAVE TO BE REPORTED.

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

Ryder Truck Rental, Inc. and Ryder Truck Rental LT & Affiliates are endorsed as Additional Insured and Loss Payee for all vehicles rented, leased, or provided as a substitute. **NOTE: RYDER MUST BE NAMED AS AN ADDITIONAL INSURED & LOSS PAYEE.**

The following sentence supersedes the cancellation language on this certificate: **Should any of the above described policies be canceled before the expiration date thereof, the issuing insurer shall provide not less than 30 days' written notice to Ryder Truck Rental, Inc. prior to any cancellation of said policy.**

CANCELLATION

Ryder Truck Rental, Inc. and Ryder Truck Rental LT & Affiliates 6000 Windward Parkway Alpharetta, GA 30005	KEEP SAME INFORMATION AS IN THIS EXAMPLE	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
		INSURANCE AGENT SIGNATURE

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