

INSURANCE CERTIFICATE REQUEST FORM - RENTALS

Please email your completed Certificate of Insurance with the following requirements to insurance@gatr.net
*****Insurance certificate must meet requirements and be received by GATR before Rental Truck is released.**

1. The Certificate Holder Name must read as follows:
**GATR OF SAUK RAPIDS INC.
218 STEARNS DRIVE
PO BOX 367
SAUK RAPIDS, MN 56379**
2. The Certificate Holder must be named as **LOSS PAYEE & ADDITIONAL INSURED**
3. The amount of Auto Physical Damage Coverage must be listed. Deductibles for Comprehensive and Collision Coverage must be listed and must be broken out separately

Comp. Deductible Maximum: \$1,000.00
Collision Deductible Maximum: \$1,000.00

4. List the Combined Single Limit for the Auto Liability Coverage

Combined Single Limit Minimum: \$1,000,000.00

5. List the Policy's Effective Date and Expiration Date
6. List the Insurance Company's Name, Policy Number, and Phone Number
7. Provide a 30 Day Notice of Cancellation in writing
8. Insured Name must match the Company Name on the Rental Agreement
9. If coverage is for "Any Auto", wording should read **Any vehicle rented, leased or otherwise obtained**
10. If coverage is for "Scheduled Autos", the following information needs to be listed on Certificate:

Unit Number:

VIN:

Unit Year:

Unit Make:

Unit Model:

Unit Value:

If you have questions, please contact the **GATR Leasing and Rental Department at:**

Phone Number: (320) 251.7356 Ext. 1521
Email Questions/Concerns: leaserental@gatr.net
Email Insurance Certificates: insurance@gatr.net
Fax: (320) 251.2537



Sauk Rapids, MN
320.251.7356

Elk River, MN
763.441.2205

Cedar Rapids, IA
319.298.1000

Waterloo, IA
319.233.2286

Waukee, IA
515.263.3600