



CERTIFICATE REQUEST FORM

Please fax to (908) 754-9574 your completed Certificate of Insurance with the following requirements. If you have any questions, please call (908) 754-3330.

1. The Certificate Holder Must Read as Follows:

**H.K. TRUCK SERVICES INC. DBA HK NATIONALEASE
2624-A HAMILTON BLVD
SOUTH PLAINFIELD, NJ 07080**

- 2. The Certificate Holder must be named LOSS PAYEE & ADDITIONAL INSURED**
- 3. Show the Comp and Collision deductibles from \$0 to \$ 2,500.00**
- 4. Show the minimum Combined Single Limit of Liability of \$1,000,000.00**
- 5. Show effective and expiration dates. (Please note if policy is continuous)**
- 6. Show the Insurance Company's Name, Policy Number, and Phone Number**
- 7. Provide a 30 Day Notice of Cancellation**
- 8. Include the Authorized Representative Signature**
- 9. Under description of operations, please list "H.K. Truck Services Inc. dba HK NationalLease" and owner as "Loss Payee & Additional Insured".**
- 10. If the certificate must show a VIN #, then after the VIN # it must state "And Subsequent Substitute or Rental Vehicles"**