

Print or email to agent

Progressive Commercial Direct (888) 806-9598 or a local progressive agent that does commercial auto
Different insurance company ok if AM Best Rating B+, VI or Higher, but progressive is usually the least
expensive and doesn't require financing or paying up front for the year.

Product: **Commercial Auto Insurance** – not regular car insurance

Use: **Commercial Livery** for Airport Shuttle of Phoenix LLC – PHX doesn't accept rideshare coverage

Radius: Generally **less than 100 miles**

Minimum Limits Required by PHX Airport (Choose One):

1. Sedans and SUVs: **\$250,000 CSL and \$250,000 UM/UIM for 1-8 Seat Vehicles**
2. Vans Only: \$750,000 CSL and \$300,000 UM/UIM for 9-15 Seat Vehicles

CSL = Combined Single Limit

UM = Uninsured Motorist

UIM = Underinsured Motorist

Description: Acord form must say **Certificate of insurance shall clearly state coverage is primary and non-contributory**

Additional Insured #1

Airport Shuttle of Phoenix LLC
4600 E Washington St Ste 300
Phoenix, AZ 85034

Additional Insured #2

City of Phoenix, Aviation Dept ATTN:
Ground Transportation/Sky Harbor
3300 E Sky Harbor Blvd
Phoenix, AZ 85034

Proof of Insurance: **Must be on a printed Acord Form** listing the airport as the certificate holder and additional insured and the VIN of the vehicle(s) on the policy. PHX doesn't accept insurance cards, pictures in your app or email, or declaration pages. You can also email them to groundtransportation@phoenix.gov

Cost: We recommend paying monthly unless you can afford yearly to save ~10%. They might give you a discount if you also have a personal auto policy with them or a CDL. If you need help, ask.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2023

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 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 Your Insurance Company	Phone:	CONTACT NAME: Agents Name and Phone #	
	Fax:	PHONE (A/C, No, Ext):	FAX(A/C, No):
Producer and insurer needs to be registered with state of arizona		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : A.M. BEST Rating B+ , VI or Higher	#####
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

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 CLAIMS-MADE OCCUR						EACH OCCURRENCE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		X	Policy #:	00/00/0000	00/00/0000	COMBINED SINGLE LIMIT (Ea accident)	\$ See Table Below
A	UMBRELLA LIAB EXCESS LIAB						BODILY INJURY (Per person)	\$
	DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per accident)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PROPERTY DAMAGE (Per accident)	\$
							UM / UIM	\$ See Table Below
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$

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

Vehicle's info: full VIN #, Make, Model

Certificate of insurance shall clearly state coverage is primary and non-contributory

Certificate Holder is named as additionally insured

Commercial Livery policies ONLY! RideShare coverage not accepted

Seating Capacity	Combined sigle limit	UM/UIM
1 To 8	\$250,000	\$250,000
9 To 15	\$750,000	\$300,000
16 +	\$5,000,000	\$300,000

CERTIFICATE HOLDER

CANCELLATION

City of Phoenix, Aviation Dept ATTN:
Ground Transportation/Sky Harbor
3300 E. Sky Harbor Blvd
Phoenix, AZ 85034

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

Authorized Signature