

Print or email to agent

Progressive Commercial Direct ([888\) 806-9598](tel:8888069598) 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: Fax:	CONTACT NAME: Agents Name and Phone # PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
Producer and insurer needs to be registered with state of arizona		INSURER(S) AFFORDING COVERAGE	
Your Name or Company (if company name has a DBA, it must be listed as DBA & parent or DBA Only) Address:		INSURER A : A.M. BEST Rating B+ , VI or Higher	NAIC # #####
		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	POLICYNUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
A	AUTOMOBILE LIABILITY			Policy #:	00/00/0000	00/00/0000	COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS						BODILY INJURY (Per accident)
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)
	SCHEDULED AUTOS						UM / UIM
	NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						AGGREGATE
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT

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

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