



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
7/13/2011

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 term and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer right to certificate holder in lieu of such endorsement(s).

PRODUCER <b>AON RISK SERVICES CENTRAL, INC.</b> <b>FKA AON RISK SERVICES, INC. OF MINNESOTA</b> <b>8300 NORMAN CENTER DRIVE, SUITE 400</b> <b>MINNEAPOLIS, MN 55437-1027</b>	CONTACT NAME:	
	PHONE (A/C. NO. EXT) (866) 283-7122	Fax (A/c. No.): (847) 953-5390
	E-MAIL ADDRESS:	
	Producer Customer ID: #: 570000029827	
<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>

INSURED <b>AVIS BUDGET GROUP, INC.; AVIS BUDGET CAR RENTAL, LLC, ITS SUBSIDIARIES INCLUDING AVIS RENT A CAR SYSTEM, LLC, BUDGET RENT A CAR SYSTEM, INC. AND BUDGET TRUCK RENTAL, LLC.</b> <b>6 SYLVAN WAY</b> <b>PARSIPPANY, NJ 07054</b>	INSURER A: CONTINENTAL CASUALTY COMPANY	20443
	INSURER B: PV HOLDING CORP. / BUDGET TRUCK RENTAL, LLC.	90029
	INSURER C: AMERICAN CASUALTY COMPANY OF READING, PA	20427
	INSURER D: TRANSPORTATION INSURANCE COMPANY	20494
	INSURER E: ACE PROPERTY & CASUALTY INSURANCE COMPANY	20699
	INSURER F:	24147

COVERAGES                      CERTIFICATE NUMBER: 4604                      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. **LIMITS SHOWN ARE AS REQUESTED.**

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> Loc			GL001603190	7/1/2011	7/1/2012	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$0
							PERSONAL & ADV IN JURY	\$2,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input checked="" type="checkbox"/> GARAGE LIABILITY			BUA001700830	7/1/2011	7/1/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
B	<input type="checkbox"/> NON OWNED AUTOS <input checked="" type="checkbox"/> GARAGE LIABILITY			SELF INSURED	7/1/2011	7/1/2012	BODILY INJURY (Per person)	
A	Any Auto			GL001603190	7/1/2011	7/1/2012	BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
E	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS MADE</b> <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION			G25831068	7/1/2011	7/1/2012	EACH OCCURRENCE	\$4,000,000
							AGGREGATE	\$4,000,000
C	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY		NA	WC2063557868 - DED.	7/1/2011	7/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
D	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If Yes, describe under DESCRIPTION OF OPERATIONS below	Y / N		WC2083557871 - CA	7/1/2011	7/1/2012	E.L. EACH ACCIDENT	\$1,000,000
				WC2083557854 - RETRO			E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000
	OTHER						Each Occurrence / Aggregate	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
See Attached

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
STATE OF COLORADO DEPARTMENT OF PERSONNEL AND ADMINISTRATION DIVISION OF FINANCE AND PROCUREMENT 633 17TH STREET, SUITE 1520 DENVER, CO 80202 USA C/O PROPERTY / AIRPORT MANAGER	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> <i>Aon Risk Services Central, Inc.</i>

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**Certificate Holder:**

STATE OF COLORADO

**Cert Number:**

4604

THE STATE OF COLORADO INCLUDING ALL AGENCIES AND INSTITUTIONS OF HIGHER EDUCATION AND PARTICIPATING SUBDIVISIONS OF THE STATE OF COLORADO AS ADDITIONAL INSURED TO THE COMMERCIAL GENERAL LIABILITY WITH RESPECT TO THEIR INTEREST IN THE PRICE AGREEMENT FOR CARGO BOX TRUCK & UTILITY TRAILER RENTALS WITH BUDGET TRUCK RENTAL, LLC. COVERAGE WILL BE PRIMARY OVER ANY INSURANCE OF SELF-INSURANCE PROGRAMS CARRIED BY THE STATE OF COLORADO. ALSO WAIVER OF SUBROGATION PROVISION IS IN PLACE WITH RESPECT TO THE GENERAL LIABILITY AND THE AUTO LIABILITY. THIS CERTIFICATE OF INSURANCE (COI) RELATES TO A POLICY (POLICIES) ISSUED TO THE NAMED INSURED AND IS INTENDED TO DEMONSTRATE COVERAGE AS PROVIDED SOLELY TO THE NAMED INSURED AND IS FOR INFORMATIONAL PURPOSES ONLY. THE CERTIFICATE HOLDER LISTED ON THIS COI MAY BE INCLUDED AS AN ADDITIONAL INSURED UNDER SUCH POLICY (POLICIES) ONLY TO THE LIMIT THAT SUCH CERTIFICATE HOLDER'S INTEREST APPEARS ONLY IF SUCH INCLUSION IS REQUIRED IN WRITING SPECIFICALLY AND EXPRESSLY STATING THAT SUCH CERTIFICATE HOLDER BE NAMED AS AN ADDITIONAL INSURED UNDER SUCH POLICY (POLICIES). UMBRELLA COVERAGE MAY BE SUBJECT TO DEDUCTIBLE AND/OR SELF INSURANCE. SHOULD ANY OF THE ABOVE EVIDENCED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, AVIS BUDGET GROUP RISK MANAGEMENT DEPARTMENT WILL PROVIDE 30 DAYS PRIOR WRITTEN NOTICE OF SUCH CANCELLATION TO CERTIFICATE HOLDER IF REQUIRED BY WRITTEN CONTRACT.