

# Certificate of Liability Insurance

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

Date: August 31, 2005

<b>Producer</b> Phone: (402) 963 -5000 Empire Management Services, Inc. Omaha, Nebraska 68154	<b>Company(s) Affording Coverage</b> <b>Insurer A</b> Empire Indemnity Insurance Company Executive Office: 13810 FNB Parkway Omaha, Nebraska 68154 <b>Insurer B</b>  <b>Insurer C</b>
<b>Policyholder and Address</b> The Policyholder: In care of Enterprise Rent-A-Car Company 600 Corporate Park Drive St. Louis, Missouri 63105	

**COVERAGES**  
 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. Aggregate limits shown may have been reduced by paid claims.

CC LTR	Type of Insurance	Policy Number	Policy Effective Date (mm/dd/yy)	Policy Expiration Date (mm/dd/yy)	Limits
	<b>General Liability</b> <input type="checkbox"/> Comm. General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <input type="checkbox"/> <input type="checkbox"/> Gen'l Agg Limit Applies Per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc				Each Occurrence \$ Fire Damage (any one fire) \$ Med Exp (Any one person) \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$
	<b>Garage Liability</b> <input type="checkbox"/> Any Auto <input type="checkbox"/>				Auto Only - Ea Accident \$ Bodily Injury (Per person) \$ Bodily Injury (Per accident) \$ Property Damage (Per acc) \$ Other than Ea Accident \$ Auto only Aggregate \$
A	<b>Automobile Liability</b> <input 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"/> Supplemental Rental Liab.	TBA	09/01/2005	09/01/2008	Combined Single Limit (Ea accident) \$1,000,000 Bodily Injury (Per person) Bodily Injury (Per accident) Property Damage (Per acc) \$ \$
	<b>Auto Physical Damage</b> Deductible <input type="checkbox"/> Collision \$ <input type="checkbox"/> Spec. Causes \$ <input type="checkbox"/> Comprehensive \$ <input type="checkbox"/> Fire & Theft \$ <input type="checkbox"/> Catastrophe \$		<b>Scheduled Vehicles</b> Deductible <input type="checkbox"/> Collision \$ <input type="checkbox"/> Spec. Causes \$ <input type="checkbox"/> Comprehensive \$ <input type="checkbox"/> Fire & Theft \$ <input type="checkbox"/> Catastrophe \$		<input type="checkbox"/> Actual Cash Value \$ <input type="checkbox"/> Stated Amount \$ <input type="checkbox"/> Other \$
	<b>Excess Liability</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention \$				Each Occurrence \$ Aggregate \$ \$ \$
	<b>Workers Compensation &amp; Employers Liability</b>				<input type="checkbox"/> WC Statutory Limits E.L. Each Accident \$ E.L. Disease - Ea Employee \$ E.L. Disease - Policy Limit \$
	<b>Other</b>				\$ \$

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 Coverage provided by this policy is subject to the terms of the corporate rental agreement between Certificate holder and Enterprise Rent-A-Car. Certificate holder is an insured under the policy in accordance with the terms of the policy and of their corporate rental agreement with Enterprise.

<b>CERTIFICATE HOLDER</b> State of Colorado State Purchasing Office 225 East 16 <sup>th</sup> Avenue, Suite 802 Denver, CO 80203  Attn: Bob Seifkin Customer #: Various as attached	<b>CANCELLATION</b> Should any of the above described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representative.  Authorized Representative
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