VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY) 01/10/2024

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER	CONTACT NAME:	
SMITH BROTHERS INS LLC P O BOX 340 MILFORD, MA 01757	PHONE (A/C, No, Ext): 877-872-8737	FAX (A/C, No): 508-969-1793
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
BRITTANEY GERVAIS 412 SCHOOL ST APT#412 STOUGHTON, MA 02072-2741	INSURER A : THE STANDARD FIRE INSURANCE COMPANY	19070
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2022	TOYOT	RAV4 LE AW	PU	2T3G1RFV1NW312608
DESCRIPTION			VEHICLE / EQUIPMENT VALUE	SERIAL NUMBER

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		X VEHICLE LIABILITY	6096866872321	07/09/2023	07/09/2024	COMBINED SINGLE LIMIT	$
						BODILY INJURY (Per person)	$ 100,000
						BODILY INJURY (Per accident)	$ 300,000
						PROPERTY DAMAGE	$ 100,000
		GENERAL LIABILITY				EACH OCCURRENCE	$
		☐ OCCURRENCE				GENERAL AGGREGATE	$
		☐ CLAIMS MADE					$

INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
	X	X VEH COLLISION LOSS	6096866872321	07/09/2023	07/09/2024	☐ ACV ☐ AGREED AMT	$ LIMIT
						☐ ☐ STATED AMT	$ 500 DED
	X	X VEH COMP ☐ VEH OTC	6096866872321	07/09/2023	07/09/2024	☐ ACV ☐ AGREED AMT	$ LIMIT
						☐ ☐ STATED AMT	$ 300 DED
		PROPERTY				☐ ACV ☐ AGREED AMT	$ LIMIT
		☐ BASIC ☐ BROAD				☐ RC ☐ STATED AMT	$ DED
		☐ SPECIAL ☐				☐	
		☐					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

Select one of the following:

X The additional interest described below has been added to the policy(ies) listed herein by policy number(s).

☐ A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

VEHICLE / EQUIPMENT INTEREST: X LEASED ☐ FINANCED

NAME AND ADDRESS OF ADDITIONAL INTEREST

TOYOTA LEASE TRUST
PO BOX 105386
ATLANTA, GA 30348-5386

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DESCRIPTION OF THE ADDITIONAL INTEREST

☐ ADDITIONAL INSURED X LOSS PAYEE

☐ LENDER'S LOSS PAYEE ☐

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE