



HEAVY EQUIPMENT RENTAL

APPLICATION FOR CREDIT

COMPANY NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

TYPE OF BUSINESS: _____

YEAR BUSINESS STARTED: _____

TYPE OF ORGANIZATION: PRIVATE CORPORATION PARTNERSHIP
 PUBLIC CORPORATION INDIVIDUAL

FEDERAL TAX ID# _____

BANK REFERENCE (PLEASE INCLUDE ACCOUNT # AND CONTACT):

BANK NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ FAX # _____

CONTACT _____

TRADE REFERERENCES (PLEASE INCLUDE ACCOUNT #):

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

SIGNATURE TO RELEASE INFORMATON (SIGNATURE AND TITLE):

SIGNATURE, TITLE _____ DATE: _____

Please return via fax or email to Jennifer Delavigne: 415-897-6205 or jdavigne@jscole.com

J.S. COLE CO. adheres to strict privacy standards and your information will not be shared with 3rd parties.

PO Box 5368, Novato, California, 94948 | Office: 888.794.5232 | Fax: 415.897.6205



HEAVY EQUIPMENT RENTAL

Certificate of Liability Insurance Request

To: _____

Attn: _____

Fax #: _____

Re: **BLANKET CERTIFICATE OF LIABILITY INSURANCE FOR VARIOUS
PIECES OF RENTED EQUIPMENT:**
General Liability - \$1,000,000; All Risk Property Damage - \$500,000.

Date: _____

Pages: _____

In Order to comply with the insurance requirements for the J. S. Cole Company please have your agent issue a **Certificate of Liability Insurance** providing the following coverage:

1. **Commercial General Liability Coverage** with limits of no less than \$1,000,000 for each occurrence and general aggregate against claims for personal bodily injury and property damage. Such certificate shall name J. S. Cole Company as:

ADDITIONAL INSURED.

2. **Property Damage** coverage shall provide for loss or damage from fire, theft, vandalism, etc. to the equipment rented in the amount of \$500,000 or in an amount equal to the replacement value of the equipment. Such certificate shall name J. S. Cole Co as:

Loss Payee and will include

Special Form Coverage.

3. An Equipment Floater or Blanket coverage is desirable, as it will cover any equipment during the term of your policy. This avoids having to insure each piece individually.
4. Such Certificate must be submitted to the J. S. Cole Company **before** the machine can be delivered.

**PLEASE MAKE SURE THE ABOVE REQUIREMENTS ARE ON YOUR CERTIFICATE
AND FAX OR EMAIL A COPY OF THE CERTIFICATE TO
JENNIFER DELAVIGNE AT 415-897-6205 OR JDELAVIGNE@JSCOLE.COM**

Thank You



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A:	
INSURED	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			01/01/2016	01/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	RENTED/LEASED EQUIPMENT			01/01/2016	01/01/2018	\$500,000 LIMIT

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

RE: EQUIPMENT RENTAL
 JS COLE COMPANY IS NAMED ADDITIONAL INSURED AND LOSS PAYEE.

CERTIFICATE HOLDER **CANCELLATION**

JS COLE COMPANY PO BOX 5368 NOVATO, CA 94948	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
----------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------