CREDIT APPLICATION AND CUSTOMER AGREEMENT

PO BOX 1386 HEALDSBURG, CA 95448 P (707) 431-1510 | F (707) 433-7069

APPLICANT _____ **Date** _____

Address _____
Street *City* *State* *ZIP*

Phone (_____) _____ - _____ **Fax** (_____) _____ - _____ **Year Established** _____

Accounts Payable Email: _____

BUSINESS TYPE: _____ **CONTRACTORS LICENSE** _____ **Exp**__

(Please be specific as to the type of work performed)

TYPE OF ORGANIZATION: ☐ PARTNERSHIP ☐ LLC ☐ CORPORATION ☐ SOLE PROPRIETORSHIP

PARTNERSHIP, LLC OR CORPORATION (Names of Principals or Partners)

Name: _____ Title: _____ Address: _____

Name: _____ Title: _____ Address: _____

Name: _____ Title: _____ Address: _____

SOLE PROPRIETOR Name: _____ Social Security No: _____

Home Address: _____

TRADE and BANK REFERENCES

Bank Affiliation: _____ Account No. _____ Phone No. _____

Firm / Name _____ Account No. _____

City/ State _____ Phone No. / Email _____

Firm / Name _____ Account No. _____

City/ State _____ Phone No. / Email _____

Firm / Name _____ Account No. _____

City/ State _____ Phone No. / Email _____

INSURANCE REQUIREMENTS: (Accepted applicants must provide G & G Heavy Equipment Rentals, with the following coverage)

1. **CERTIFICATE OF INSURANCE / LIABILITY:**
   - ☐ Liability limits not less than; 1 million per occurrence, 2 million aggregate
   - ☐ 30 Day Notice of Cancellation
   - ☐ G & G Heavy Equipment Rentals, to be named as Additional Insured
2. **PROPERTY DAMAGE on Rented/leased Equipment:** G&G Heavy Equipment Rentals, named as Loss Payee for not less than replacement value, new.

LIABILITY/PROPERTY Damage Insurance Co. _____ **Phone No.** _____

I/WE ON BEHALF OF THE UNDERSIGNED ENTITY AGREE TO PAY FOR ALL THE CHARGES TO OUR ACCOUNT UNDER THE FOLLOWING TERMS AND CONDITIONS: Terms: Invoices are due upon receipt and past due after 30 days from date of invoice. Interest charges are billed at 1.5% per month (18% APR) on all unpaid amounts over 30 days from date of invoice. In the event suit is filed to enforce payment of any sums due under this agreement, I/We agree to pay reasonable court costs and attorney fees. In the event suit is filed, it is agreed that the venue will be in the county of Sonoma, state of California. I understand that there may be occasions when I am unable to execute Rental Agreements before equipment is delivered to me at job sites pursuant to my instructions and pursuant to my company purchase order/purchase approval and I hereby give G & G Heavy Equipment Rentals ("Heavy Equipment Rentals") a limited power of attorney to sign Rental Agreements on my behalf as my attorney-in-fact. I hereby authorize the above listed bank, insurance company and business references, or others contacted at G & G Heavy Equipment Rentals discretion to release credit and account information to G & G Heavy Equipment Rentals, for the purpose of establishing credit privileges.

APPROVED & ACCEPTED

AUTHORIZED SIGNATURE: _____
Individually AND/OR an Officer of the Firm

PRINTED NAME: _____

G & G Heavy Equipment Rentals

BY: _____

DATE: _____

Return application and insurance certificate to OFFICE@GGHEAVYEQUIPMENT.COM

Insurance Requirements

General Liability	At least one million dollars coverage per occurrence.
Physical Damage	All risk equipment floater covering rented/leased equipment with a dollar amount of coverage that is sufficient to cover the value of the equipment rented. Loss deductible should not exceed **$1,000**.
Endorsement	**G & G Heavy Equipment Rentals, LLC** must be named as additional insured on general liability and loss payee as respects to physical damage.

We appreciate your business and look forward to serving your future rental needs.

For Questions of Further Assistance, Call:

Nathan Ehni
Phone: (707) 495-2131
nathan@ggheavyequipment.com

Mail or Email Certificates to:

G&G Heavy Equipment Rentals, LLC.

PO BOX 1386
Healdsburg, CA 95403

heavyegrental@gmail.com
office@ggheavyequipment.com

- Sample -

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/26/2017

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	CONTACT NAME: Elizabeth Michel
Robert Bell Insurance Brokers Inc. 605 East Alvarado Street Suite 200 Fallbrook CA 92028	PHONE (A/C, No, Ext): (760)451-8556 Ext.203 FAX (A/C, No): (760)451-8613 E-MAIL ADDRESS: emichel@robertbellinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Axis Insurance Company	37273
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

COVERAGES **CERTIFICATE NUMBER:** 2017 Master **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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X			7/24/2017	7/24/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS X *HA Phys Dmg				7/24/2017	7/24/2018	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) *HA Phys Dmg Ded	$ 1,000,000 $ $ $ $ 1,000
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $				7/24/2017	7/24/2018	EACH OCCURRENCE AGGREGATE	$ 3,000,000 $ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	Equipment Floater SF/RC Owned/Rented/Lsd Equipment				7/24/2017	7/24/2018	Limit: Actual Loss Sustained or Deductible	$8,000,000 $5,000

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

G & G Heavy Equipment is Additional Insured with respect to General Liability per ARAX 30 01 08 12.

CERTIFICATE HOLDER

G & G Heavy Equipment
PO Box 1386
Healdsburg, CA 95448

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.

AUTHORIZED REPRESENTATIVE

Michael Bell/EM