

$\underline{\textbf{CREDIT APPLICATION AND AGREEMENT}} : \texttt{G\&G Heavy Equipment Rentals}$

PO Box 1386 Healdsburg, Ca. 95448 707 431-1510 Fax 707 433-7069

APPLICANT			Date	20
Address				
Billing (Choose one) Email	reet	<i>City</i> Fax	State	Zip Code
Phone () Fax ()	Years Established	?	
TYPE OF ORGANIZATION: PARTNERSHIP OR CORPORATION (Show No Partners)		CORPORATION	□SOLE PROPI	RIETORSHIP
lame	Title		Home Address	
Name COMPLETE IF INDIVIDUAL (Sole Proprietors	Title hip):		Home Address	
Home Address			Home Phone Number	
Type of Business:	Contractors Lic	ense	Expires? _	
(Please be specific as to the type of wo	rk performed)			
Bank Affiliation:	Account No		Phone No	
Firm / Name			FaceN	
City/ State		Pnone No	Fax N	0
Firm / Name		Account No		
City/ State		Pnone No	Fax N	0
Firm / NameCity/ State		Account No Phone No.	Fax N	0.
INSURANCE REQUIREMENTS: (Accepted applicants in 1. CERTIFICATE OF INSURANCE / LIABILITY: Liability limits not less than; 1 mill 30 days Notice of Cancellation G & G Heavy Equipment Rentals, t PROPERTY DAMAGE on Rented/leased Equipmen G & G Heavy Equipment Rentals, t LIABILITY/PROPERTY Damage Insurance Co.	ion per occurrence, 2 million agg to be named as Additional Insured t: named as Loss Payee for not less	regate d s than replacement value, r	new.	
I/WE ON BEHALF OF THE UNDERSIGNED ENTITY AGREE TO PAY Terms: Invoices are due upon receipt and past due after 3 of invoice. In the event suit is filed to enforce payment of any sums due venue will be in the county of Sonoma, state of California. I understand pursuant to my instructions and pursuant to my company purchase ordesign Rental Agreements on my behalf as my attorney-in-fact. I hereby authorize the above listed bank, insurance company and busin G Heavy Equipment Rentals, for the purpose of establishing credit privi	0 days from date of invoice. Interest chan under this agreement, I/We agree to pay that there may be occasions when I am u er/purchase approval and I hereby give G tess references, or others contacted at G	ges are billed at 1.5% per month reasonable court costs and attorr nable to execute Rental Agreeme & G Heavy Equipment Rentals ("	(18% APR) on all unpaid am ley fees. In the event suit is ints before equipment is deli Heavy Equipment Rentals")	ounts over 30 days from filed, it is agreed that the vered to me at job sites a limited power of attorne
APPROVED & ACCEPTED: APPLICANT:			G & G Heavy Equ	ipment Rentals
AUTHORIZED SIGNATURE:			BY:	
	ND/OR an Officer of the Firm			
PRINTED NAME:			DATE:	



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 Fax: (707) 433-7069

nathan@ggheavyequipment.com

Mail or Email Certificates to: G&G Heavy Equipment, LLC,

PO BOX 1386

Healdsburg, Ca 95403

Attn: Nathan Ehni 707-495-2131 Cell

heavyeqrental@gmail.com



Sample -CATE 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.

th	e te	PRTANT: If the certificate holder erms and conditions of the policy, ricate holder in lieu of such endors	cert	ain p	policies may require an en	idorsei	ment. A stat	tement on th	is certificate does not c	AIVED onfer r	, subject to ights to the	
PRODUCER						CONTACT Elizabeth Michel						
Robert Bell Insurance Brokers Inc.						PHONE (760) 451-8556 Ext.203 FAX (A/C, No, Ext): (760) 451-8613						
605 East Alvarado Street						E-MAIL ADDRESS: emichel@robertbellinsurance.com						
Suite 200					INSURER(S) AFFORDING COVERAGE				NAIC #			
Fallbrook CA 92028					INSURE	RA:Axis I	nsurance	Company		37273		
INSURED					INSURER B:							
						INSURER C:						
						INSURE	RD:					
						INSURER E:						
						INSURER F:						
personania de la constanta de	-				NUMBER:2017 Maste				REVISION NUMBER:			
IN CI	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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
	x	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
A		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
			x				7/24/2017	7/24/2018	MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	x	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:								\$		
	AU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
A	X ANY AUTO							BODILY INJURY (Per person)	\$			
		ALL OWNED SCHEDULED AUTOS					7/24/2017	7/24/2018	BODILY INJURY (Per accident)	\$		
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	Х								*HA Phys Dmg Ded	\$	1,000	
		UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	3,000,000	
A	x	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	3,000,000		
		DED RETENTION \$					7/24/2017	7/24/2018	DED OTH	\$		
		RKERS COMPENSATION D EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
-	(Ma	Indatory in NH)	-		and the special degree of the special degree				E.L. DISEASE - EA EMPLOYEE	-		
	DES	SCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$		
A	Ec	mipment Floater SF/RC					7/24/2017	7/24/2018	Limit: Actual Loss Sustained or		\$8,000,000	

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 CANCELLATION

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

Owned/Rented/Lsd Equipment

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

Deductible

AUTHORIZED REPRESENTATIVE

Michael Bell/EM

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\$5,000