

Sunstate Equipment 800.229.2398

newacct@sunstateequip.com

## **ACCOUNT INFORMATION SHEET**

* Required Field		New Customer?	Yes	□No
ESTIMATED DATE OF UPCO	MING RENTAL NEED:			
Date:				
COMPANY INFORMATION				
Company Legal Name*:				
Business Address*:				
City*:	State*:	Zip*:		
Mailing Address is the same as Busin	ess Address*: Yes No	I		
Mailing Address:				
City:	State: Zip:			
Business Phone*:	I	I		
Invoicing Email Address*:				
Ownership Type*:	- Commenter Cuo Cher Deft C	70		
Sole Proprietorship Partnershi  Tax ID Number*:	<u> </u>	Government Othercontractor, list specific type of cons	struction):	
Contractor License #*:	Liganos Catagony			
Contractor License #".	License Category:			
Is this company a subsidiary? *:	]Yes ☐ No			
Parent Company Name:				
City:	State:	State: Zip:		
BUSINESS OWNERSHIP	I			
How many years has this company b	een in business? *:			
How many years has this company b	een under current ownership? *:			
Have you ever been in business unde	er a different name? *:			
Previous Company Name:				
Principal/Owner Name*:				
Principal/Owner Job Title*:				
Principal/Owner SSN:				
ONLINE ACCOUNT MANAG	EMENT			
First Name*:	Last Name*:	Email*:		

COMPANY PREFERENCES			
Do you require purchase orders?	☐Yes ☐ No		
Do you require job numbers?	☐Yes ☐ No		
SUNSTATE SALES REPRESE	NTATIVE		
First Name:	Last Name:	REP# (If known):	
EQUIPMENT CUSTOMER PF	ROTECTION PLAN (CF	PP) / DAMAGE WAIVER (DW)	
EQUIPMENT CUSTOMER PROTECTION PLAN (CPP) / DAMAGE WAIVER (DW)  Either Customer Protection Plan (CPP) Or Damage Waiver (DW) will be charged on all contracts until an acceptable certificate of insurance is received in our office showing rented equipment coverage with an acceptable limit. The plan will be charged on all rentals exceeding the limit shown on the certificate.  NOTE: CPP and/or DW are NOT INSURANCE.  CERTIFICATES SHOULD INCLUDE:  1. Rented equipment coverage and per item limit  2. \$1,000,000 General liability coverage with sunstate Equipment Co. as an additional insured  3. Hired Auto Physical Damage and \$1,000,000 Hired Auto Liability with Sunstate Equipment Co. listed as an additional insured and loss payee, is required, if renting a licensed over-the-road vehicle    Qustomer agrees to provide certificate of insurance   Customer agrees to accept CPP / DW, whichever applies    AUTHORIZATION AND AGREEMENTS    Sunstate serves Preliminary Notices/Construction Notices in accordance with state laws. The undersigned agrees to furnish Sunstate, or their vendor, in writing, with accurate information necessary to complete the Preliminary Notices/Construction Notices upon demand. Failure to provide all accurate information in a timely manner will be grounds for the revocation of credit immediately and without notice.  • To induce Sunstate to extend credit to customer for the purposes of obtaining goods and/or services from Sunstate, customer provides the information in the application knowing that Sunstate will rely upon such information to be true and correct in making its credit decision concerning the customer. Customer agrees to provide Sunstate with notification in writing of all changes in ownership or entity status within ten days from the date of the change: failure to provide Sunstate with notification in writing to Sunstate to customer based on the information provided on the application. Customer and/or any of Customer's principals.  • I agree that by signing this form, I confirm that I am authorize			
REQUIRED SIGNATURE		Detect	
Customer Name (Print)*:		Date*:	
Customer Signature*:		Title*:	

To read more about the Terms of Use regarding phone calls, emails and text message communications, please visit <a href="https://www.sunstateequip.com/terms-of-use/">www.sunstateequip.com/terms-of-use/</a>



## INSURANCE REQUIREMENTS TO AVOID PAYING

## CUSTOMER PROTECTION PLAN (CPP) / DAMAGE WAIVER (DW)

**Thank you!** for choosing Sunstate Equipment Co. for your rental equipment needs. We appreciate your business and look forward to serving you. Please ask your Insurance Agent to forward a Certificate of Insurance that includes:

- Inland Marine or Contractors Equipment Insurance for Rented Equipment indicating a minimum \$50,000 per item limit, with Sunstate Equipment Co. LLC listed as Loss Payee.
  - Please note that when providing the minimum required limit, you will continue to be responsible for any losses that exceed your insurance limit. There are many types of equipment in our rental fleet that have values greater than \$50,000 and we encourage all of our customers to evaluate what insurance limits are adequate for their own needs. Sunstate also offers a "Value Coded CPP or DW" option where we will automatically charge Customer Protection Plan / Damage Waiver, whichever applies, for any equipment you rent that exceeds the per item insurance limit you have provided us. Sunstate will automatically apply this Value Code for customers with less than \$50,000 in limits but it is available as a valuable Risk Management tool to any customer who would like to take advantage of it. NOTE: For our customer's protection we cannot accept scheduled equipment certificates. We offer short term rentals, not leases; we cannot specifically identify the equipment VIN prior to delivery, and equipment may be exchanged during the rental.
- \$1,000,000 General Liability coverage, naming Sunstate Equipment Co. as Additional Insured.
- 3. Hired Auto **Physical Damage** including your limits, and, if you will ever be renting a licensed over the road vehicle, \$1,000,000 Hired Auto Liability with Sunstate Equipment Co. LLC listed as Additional Insured and Loss Payee.
- **4.** Sunstate Equipment Co., LLC 5552 East Washington St. Phoenix AZ 85034 as certificate holder.
- Notice of Cancellation.

Please E-mail Certificates of Insurance to: coi@sunstateequip.com

We do not need an original by mail.

D : 17/0/2024	1		
Revised 7/8/2024			

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MML/DD/YYYY)

date issued

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(les) 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		agency contact info		
ABC Insurance Agency		PHONE (A.C. No. Ext): (A.C. No):		
123 Main Street		ADDRESS:		
Any Town, USA 0000		INSURER(S) AFFORDING COVERAGE	HAIC #	
	SAMPLE	INSURER A: Insurance Company Name	enter	
INSURED		INSURER B: Insurance Company Name	enter	
XYZ Company	l'	INSURER C: Insurance Company Name	enter	
123 Elm Street		INSURER D: Insurance Company Name	enter	
i		ONSURER E:		
MY TOWN	US 00000	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. POLICY EFF POLICY EXP TYPE OF INSURANCE **POLICY NUMBER** LIMITS GENERAL LIABILITY 1.000.000 EACH OCCURRENCE PREMISES (Es occurrence) 50,000 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE V OCCUR 5,000 MED EXP (Any one person) Policy number 01/01/2013 01/01/2014 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERALAGGREGATE 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG POLICY **V** 跳 AUTOMOBILE LIABILITY 1.000.000 ANY AUTO ALL OWNED AUTOS BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) В 01/01/2013 01/01/2014 Policy Number PRUPERTY UAMAGE (Par accident) HIRED AUTOS Hired sical Damage UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABILITY TORY LIMITS Y/N AND EMPLOYERS LIABILITY
ANY PROPRIETOR/PARTINER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
if yes, describe under
DESCRIPTION OF OPERATIONS below 500 000 E.L. EACH ACCIDENT 01/01/2014 C 01/01/2013 Policy Number 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ Rental Equipment Coverage Limit per item \$50,000 minimum n Policy Number 01/01/2013 01/01/2014 "Special Form" Required DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Sunstate Equipment Co., LLC is included as an Additional Insured on the Genearl Liability and Automobile Liability polices, and Loss Payee on the Automobile Hired Car Physical Damage and Rental Equipment Coverage policies.

CERTIFICATE HOLDER		CANCELLATION
Sunstate Equipment Co., LLC 5552 E Washington Street		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Phoenix	AZ 85034	Authorized Signature of Agency
ACORD 25 (2010/06)		© 1988-2010 ACORD CORPORATION. All rights reserved.

REV (12/4/12)

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