



ACCOUNT INFORMATION SHEET

** Required Field*

New Customer? ☐ Yes ☐ No

ESTIMATED DATE OF UPCOMING RENTAL NEED:

Date:

COMPANY INFORMATION

Company Legal Name*:		
Business Address*:		
City*:	State*:	Zip*:
Mailing Address is the same as Business Address*: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address:		
City:	State:	Zip:
Business Phone*:		
Invoicing Email Address*:		
Ownership Type*: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other _____		
Tax ID Number*:	Type of Business (if contractor, list specific type of construction):	
Contractor License #*:	License Category:	
Is this company a subsidiary? *: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent Company Name:		
City:	State:	Zip:

BUSINESS OWNERSHIP

How many years has this company been in business? *:
How many years has this company been under current ownership? *:
Have you ever been in business under a different name? *: <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Company Name:
Principal/Owner Name*:
Principal/Owner Job Title*:
Principal/Owner SSN:

ONLINE ACCOUNT MANAGEMENT

First Name*:	Last Name*:	Email*:
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COMPANY PREFERENCES

Do you require purchase orders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require job numbers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SUNSTATE SALES REPRESENTATIVE

First Name:	Last Name:	REP# (If known):
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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

☐ Customer agrees to provide certificate of insurance ☐ Customer agrees to accept CPP / DW, whichever applies
****IF NEITHER BOX IS CHECKED, CPP OR DW WILL BE CHARGED****

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 such notification in writing to Sunstate will be grounds for credit revocation and entitle Sunstate to pursue all other remedies available to it under the law. Credit will be extended by Sunstate to customer based on the information provided on the application. Customer and/or any of Customer's principals agree that Sunstate is authorized to check the credit background of Customer and/or any of Customer's principals.
- I authorize Sunstate Equipment Co. to evaluate my individual and business credit history in order to open a credit account with Sunstate Equipment Co.
- I agree that by signing this form, I confirm that I am authorized to sign on behalf of the applicant, that I am 18 years of age or older, that I assent and have read and agree to the terms and conditions of this application and located at <https://www.sunstateequip.com/legal/terms-of-rental>, and that the information provided in this application is accurate. In addition, this provides "written instructions" to Sunstate Equipment Co. under the Fair Credit Reporting Act (FCRA) authorizing Sunstate Equipment Co. to obtain information from your personal credit profile or other information from any Consumer Credit Bureau. I authorize Sunstate Equipment Co. to obtain such information solely to evaluate my individual credit history as a factor in conjunction with business credit information in order to open a credit account with Sunstate Equipment Co.

TERMS AND CONDITIONS / TERMS OF RENTAL ARE SUBJECT TO CHANGE WITHOUT NOTICE

REQUIRED SIGNATURE

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 www.sunstateequip.com/terms-of-use/	



INSURANCE REQUIREMENTS TO AVOID PAYING CUSTOMER PROTECTION PLAN (CPP) / DAMAGE WAIVER (DW)

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

1. **Inland Marine or Contractors Equipment Insurance** for Rented Equipment indicating a minimum \$50,000 per item limit, with Sunstate Equipment, 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.
2. **\$1,000,000 General Liability coverage, naming Sunstate Equipment 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, LLC listed as Additional Insured and Loss Payee.**
4. **Sunstate Equipment, LLC 5552 East Washington St. Phoenix, AZ 85034 as certificate holder.**
5. **Notice of Cancellation.**

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

We do not need an original by mail.



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 ABC Insurance Agency 123 Main Street Any Town, USA 00000		CONTACT NAME: Agency Contact Info PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	
INSURED XYZ Company 123 Elm Street My Town, USA 00000		INSURER(S) AFFORDING COVERAGE INSURER A : Insurance Company Name INSURER B : Insurance Company Name INSURER C : Insurance Company Name INSURER D : Insurance Company Name INSURER E : INSURER F :	
		NAIC # enter enter enter enter	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Policy Number	01/01/2025	01/01/2026	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 - COMP/OP AGG \$ 2,000,000
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired Car Physical Damage			Policy Number	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			Policy Number	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
<input type="checkbox"/>	Rental Equipment Coverage "Special Form" Required			Policy Number	01/01/2025	01/01/2026	Limit per item \$50,000 minimum

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

Sunstate Equipment, LLC is included as an Additional Insured on the General Liability policies, and Loss Payee on the Automobile Hired Car Physical Damage and Rental Equipment Coverage policies.

CERTIFICATE HOLDER**CANCELLATION**

Sunstate Equipment, LLC
5552 E Washington Street
Phoenix, AZ 85034

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

Authorized Signature of Agency

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