

# AramSCO Restoration Equipment Rental Program Pre-Qualification Form



In order to participate in Aramsco's Restoration Equipment Rental Program, new customers must first complete a Credit Application (separate form), and **all customers must complete this Pre-Qualification Form**, which provides to Aramsco information concerning customer's insurance coverage (minimum of \$2,000,000), and authorizes the customer's insurance carrier to issue a Certificate of Insurance to Aramsco, naming Aramsco as an Additional Insured under the customer's policy(ies), and complete a separate equipment rental agreement for each equipment rental transaction.

## Get a Free Tee Shirt!

To qualify for a free shirt, just print and complete this form and submit via fax to **877.342.1108**.

- YES**, I want a free tee shirt
- No, just sign me up for rental

Minimum insurance requirements are as follows:

- a) Commercial General Liability Insurance (Primary and Umbrella/Excess) with limits of not less than Two Million Dollars (\$2,000,000) per occurrence and in the aggregate for bodily injury, personal injury and property damage. Coverages must include the following: blanket contractual liability, products and completed operations, independent contractors, severability of interest, and waiver of subrogation against all parties described as additional insured.
- b) Workers' Compensation Insurance in compliance with statutory limits and Employer's Liability Insurance with limits of not less than One Million Dollars (\$1,000,000).
- c) Automobile Liability (owned, hired, non-owned) with limits of not less than One Million Dollars (\$1,000,000).

Upon completion and review of a completed Credit Application and receipt of the requisite Certificate of Insurance, customers will be eligible to rent Restoration Equipment pursuant to the terms and conditions outlined in the Rental Agreement.

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Established: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Insurance Information:

General Liability / Excess Umbrella Carrier: \_\_\_\_\_ Coverage Limit: \_\_\_\_\_

Workers Compensation Carrier: \_\_\_\_\_ Coverage Limit: \_\_\_\_\_

Automobile Insurance Carrier: \_\_\_\_\_ Coverage Limit: \_\_\_\_\_

The undersigned agrees to instruct its insurance carrier(s) to provide a Certificate of Insurance reflecting the coverages requested and naming Aramsco, Inc. as an additional insured.

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature