



Rental Information Packet

(A) Carpenter Bus Sales Rental Rates

Please see the attached **Rental Rate Schedule**

(B) Insurance

Please see the attached **Sample Certificate of Insurance**

* You will, at your own expense, provide and maintain for the term of this lease Public Liability and Physical Damage Insurance on the leased vehicle covering both you and the Lessor. **Carpenter Bus Sales must be listed on your insurance binder as "additional insured" and "loss payee."** **Carpenter Bus Sales must receive your Certificate of Insurance prior to the bus rental.**

* The coverage must be in amounts not less than **\$1,000,000** for liability and physical damage coverage equal to the value of the rental bus with deductibles not to exceed **\$1,000** for collision and **\$1,000** for comprehensive. **Carpenter Bus Sales now requires an Excess Umbrella policy of \$1,000,000 as well.** Approximately 5 to 7 days (when possible) Carpenter Bus Sales will fax or email a copy of the Lease Agreement to the Lessee with all the pertinent information for the insurance company. We will ask the Lessee to send this information along with the "sample" Certificate of Insurance to their insurance carrier. **All coverage requirements must be met for rental to be approved.**

*** Note: Commercial customers must provide a total of \$5,000,000 liability coverage. This can be a total between automobile liability coverage and excess umbrella coverage.**

(C) Commercial Driver's License (CDL)

For a rental bus that exceeds 15 - passenger capacity (including the driver), any driver who operates the bus during the rental term must have a Commercial Driver's License (CDL), Class C Rating with a **Passenger** Endorsement (P) and Air Brake Endorsement on applicable vehicles.

(D) Other Expenses Paid by Customer

Insurance, fuel and the driver are provided by you, the lessee. A fuel charge of \$5.00 per gallon will be made based on 1/8 tank increments. We will have the fuel tank FULL when you pick up the bus. Please return the bus with a full tank of fuel. Also check the oil level every time you get fuel and add oil if necessary. **The regular mileage charges start at Franklin, Tennessee and end at Franklin, Tennessee.**

(E) Damages

Vehicle is to be returned at the end of the lease in good condition with no excessive wear and use. Lessee shall return the vehicle in a **clean, littler free condition**. Vehicles not returned in this condition will subject lessee to a \$100.00/hour cleaning charge.

(F) Pick Up and Delivering

Rental units will be available for pick up after 12:00 noon of the day of use (unless requested prior to) and need to be returned before noon the day following use. If the return day is on the weekend, we will arrange for a certain time to meet at our office in Franklin for return processing or you may park and lock the vehicle and deposit the keys in our "key drop".

If you choose for Carpenter Bus Sales to deliver and pick up the bus, we will charge \$2.00/mile (one way) with a \$150.00 minimum charge. **This applies to long term rentals only (30 day minimum.)** Delivery charges will cover out of pocket expenses for fuel and labor.

Summary: Before leaving the premises of Carpenter with your rental bus, Carpenter must receive the following:

- (1) Payment in full for Rental**
- (2) Certificate of Insurance per Section B**
- (3) Photocopy of your driver's license**
- (4) DOT Medical Card (for CDL vehicles)**
- (5) Copy of your Tax Exemption Certificate if you are tax exempt**



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 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 Name & Mailing Address of Leasing Insurance Company	CONTACT NAME: PHONE (A/C. No. Ext):		FAX (A/C. No.):
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED Should read the same as the Rental Agreement	INSURER A: Name of Insurer (Bests' Rating of A++ or Better)		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		Policy Number	Eff. Date	Exp. Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y		Policy Number	Eff. Date	Exp. Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			Policy Number	Eff. Date	Exp. Date	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Hired Auto Physical Damage ACV Comp & Collision \$1,000 Deductible	Y		Policy Number	Eff. Date	Exp. Date	Primary Coverage Value of Unit

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

Certificate holder is included as Additional Insured & Loss Payee under automobile liability & physical damage coverage up to limit of value in respects to vehicle and/or vehicles leased to the named insured. Per lease agreement, deductibles are not to exceed \$1,000 for collision and \$1,000 for comprehensive.

NOTE: Commercial customers must provide a total of \$5,000,000 of coverage between automobile liability coverage and umbrella coverage.

Description of Vehicle:

CERTIFICATE HOLDER**CANCELLATION**

Carpenter Bus, LLC
132 Royal Oaks Blvd.
Franklin, TN 37067

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