



# RENTAL PROTECTION PLAN

AKA: Damage Waiver

Peace of Mind...for the unexpected.

The Duke Rental Protection Plan (RPP) is the added protection you need to prepare you for the unexpected. Our program provides some peace of mind coverage for incidents beyond your control.

## EXAMPLE DAMAGE CLAIM

### THEFT OF A \$65,000 BOOM LIFT FROM JOBSITE

	With RPP	Without RPP
Rental of boom lift	\$600	\$600
Cost of RPP	\$ 84	\$0
Cost to replace boom	\$65,000	\$65,000
RPP Benefit	\$64,000	\$0
Deductible	\$1,000	\$0
Cost of theft	\$1,000	\$65,000
<b>TOTAL CUSTOMER COST</b>	<b>\$1,000</b>	<b>\$65,000</b>

**SAVE \$64,000!**

**i** Note: The Rental Protection Plan does not apply in situations involving damage that may be a result of intentional abuse.

Duke Rental Protection Plan Details & Opt-Out on Reverse-Side.

# Rental Protection Plan FAQs

AKA: Damage Waiver

## WHAT IS IT?

The Duke Rental Protection Plan (RPP) is the added protection you need to prepare for the unexpected. Our program provides some peace of mind coverage for incidents beyond your control.

This is not insurance.

## WHAT DOES IT COST?

The cost for RPP is 14% of the rental cost.

## WHAT DOES RPP COVER?

- Theft protection at the manufacturer's list price.
- Fire and Smoke, does not apply if caused by user.
- Vandalism.
- Weather damage, all events.
- Rental Liability, no rental charges on damaged equipment while it is being repaired.
- RPP coverage is available for secure (fenced or security patrolled) jobsites only.

## IS THERE A DEDUCTIBLE?

Yes, customer is responsible to pay all damage up to a maximum of \$1000.00.

## WHAT DOES RPP NOT COVER?

- Tire damage or cleanup costs (e.g. paint and concrete removal)
- Accidental damage if caused by improper use by contractor or subcontractor.
- Does not apply to damage caused from overloading or exceeding equipment's rated capacities.
- Damage from incorrect fuel being used or lack of proper lubrication as described in daily maintenance requirement.
- Damage caused from customer transportation or lifting and hoisting.
- No coverage available for boom lifts above 86ft or reach forklifts 12,000 lbs. or larger.

## OTHER REQUIREMENTS

- A theft and vandalism claim must be accompanied by a police report within 48 hours.
- No coverage on damage to equipment from abuse.

## RPP OPT-OUT

INSTRUCTIONS AND REQUIREMENTS FOR RPP Opt-Out - See Submitting Certificate of Insurance next page.



# 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).**

<b>PRODUCER</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td><b>PHONE (A/C. No. Ext):</b></td> <td><b>FAX (A/C. No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b></td> </tr> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td colspan="2"><b>INSURER A :</b></td> </tr> <tr> <td colspan="2"><b>INSURER B :</b></td> </tr> <tr> <td colspan="2"><b>INSURER C :</b></td> </tr> <tr> <td colspan="2"><b>INSURER D :</b></td> </tr> <tr> <td colspan="2"><b>INSURER E :</b></td> </tr> <tr> <td colspan="2"><b>INSURER F :</b></td> </tr> </table>	<b>CONTACT NAME:</b>		<b>PHONE (A/C. No. Ext):</b>	<b>FAX (A/C. No):</b>	<b>E-MAIL ADDRESS:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A :</b>		<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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**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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER**

**CANCELLATION**

	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