



EXTENDING YOUR REACH!

Thank you for choosing Kropp Equipment for your rental needs.

We are sending a reference letter outlining our billing procedures.

We invoice your rental the day the unit goes out.

Due to rising fuel cost, we have a fuel surcharge for delivery/pick up.

We charge an Environment Impact Fee on each rental for the proper disposal of oil, filters, battery, tires, and hoses.

Tax is charged based on the job site location.

If your company is tax exempt, please present any tax-exempt certificates prior to rental.

Tax is only charged when the equipment is used in Indiana, Wisconsin, and Chicago, IL. Parts are taxable in all states.

We charge a one-time Expendable Tool Fee of \$40 for welders, which are for the stinger, ground, and leads.

A representative from your company must acquire an off rent number to stop billing.

We expect to be paid net 30 without complication.

Please be advised that all our billing and correspondence are sent via fax. We do not mail invoices unless prior arrangements are made. Statements are mailed at the end of each month.

We require that all customers provide current certificates of insurance endorsed to Kropp Equipment, Inc as additional insured/loss payee.

Liability Insurance of \$1,000,000 value limit

- And -

Equipment (damage) Insurance for value of the equipment

(If your company does not carry sufficient liability & damage coverage, we will charge an insurance premium of 14% of the rental rate.)

Terms subject to change.

Thank you for your business,
Kropp Equipment, Inc. Family

Acknowledge the above by signing and returning with the completed credit application.

Signature

Print Name

Kropp Equipment, Inc.
SERVING ILLINOIS, INDIANA and WISCONSIN

RETURN TO:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> 1020 Kennedy Ave.
Scherville, IN 46375
219-865-3333
(f) 219-865-3585 | <input type="checkbox"/> 1339 Yorkshire Drive
Streamwood, IL 60107
630-289-6666
(f) 630-837-6666 | <input type="checkbox"/> 16050 Woodmint Lane
South Beloit, IL 61080
815-389-1313
(f) 815-389-7474 | <input type="checkbox"/> 1505 Arcadian Drive
Waukesha, WI 53186
262-896-1111
(f) 262-896-1100 |
|---|---|--|--|

www.kropp.us



EXTENDING YOUR REACH!

CREDIT APPLICATION

Business Name: _____ d/b/a _____

Physical Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone Number: _____ **Fax Number:** _____ **Mobile/Pagers:** _____

Type of Business: _____ Proprietor _____ Partnership _____ Corporation

State of Incorporation: _____ **Federal ID#:** _____ **Date Established:** _____

Principals/Officers

Name: _____ **Title:** _____ **SS#:** _____ **Phone:** _____

Name: _____ **Title:** _____ **SS#:** _____ **Phone:** _____

Accounts Payable Contact: _____ **Phone:** _____
Email: _____

Business Ever Filed Bankruptcy? _____ **If yes, give date, city, state:** _____

Any pending judgments, suites, liens? _____ **If yes, explain:** _____

Name of Insurance Company: _____ **Agent:** _____ **Phone:** _____

Do you have liability insurance? _____ **Do you have physical damage insurance?** _____ **Are you taxable?** _____

Bank Reference: Checking# _____ Loan# _____ Savings# _____

Name: _____ **Contact:** _____ **Phone:** _____

Fax: _____

Name: _____ **Contact:** _____ **Phone:** _____

Fax: _____

Major Suppliers:

Name: _____ **Address:** _____ **Phone:** _____

Fax: _____

Name: _____ **Address:** _____ **Phone:** _____

Fax: _____

Name: _____ **Address:** _____ **Phone:** _____

Fax: _____

Terms and conditions: Invoices are due within thirty days following date of invoice. A service charge of 1 1/2% per month will be added to accounts which become 30 days past due. If your account has to be turned over to an outside Collection or Legal Agency you, the customer, agree to pay all cost of collection including all attorney's fees and court costs that may be incurred.

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____

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CERTIFICATE OF LIABILITY INSURANCE

PILOT-1 OP ID: KK

DATE (MM/DD/YYYY)
03/10/2016

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 Brown & Brown of Northern Illinois 220 North Larkin Joliet, IL 60435 Lawrence Jungles	CONTACT NAME: PHONE (A/C, No., Ext.): 815-729-4650		FAX (A/C, No.): 815-729-4727
	E-MAIL ADDRESS:		
INSURED [REDACTED]	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Addison Insurance Company		10324
	INSURER B: Continental Indemnity Company		28258
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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.

INSTR LTR	TYPE OF INSURANCE	ADOL (STAR) INSD (RNG)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PERI: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOG OTHER:	X	60434813	07/15/2015	07/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex. opn/lines) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/DP AGG \$ 2,000,000	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		60434813	07/15/2015	07/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		60434813	07/15/2015	07/15/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	46-873324-01-02	07/15/2015	07/15/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Lsd/Rntd Equipment		60434813	07/15/2015	07/15/2016	Limit: 125,000	

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

Certificate holder is included as additional insured with respects to general liability and loss payee with respects to leased/rented equipment with respect to operations performed by the Named Insured, subject to policy terms & conditions only when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
KROPP-1 Kropp Equipment Co. 1020 Kennedy Avenue Schererville, IN 46342	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



EXTENDING YOUR REACH!

Credit Card Authorization Form

Date:

Invoice/Contract/Jobsite

Name: (As It Appears on C.C.)

Company Name:

Credit Card Billing Address:

Email Address:

Phone #:

Fax #:

Amount:

Credit Card#	Visa	Mastercard	American Express	Discover	Exp. Date

CID # _____

I authorize Kropp Equipment Inc. to charge my credit card for all charges on contract _____ and/or jobsite _____ and/or account _____ including all applicable delivery fees, surcharges, taxes, insurance, and damages. I acknowledge that I am the authorized user of the above credit card account. I acknowledge that if I chooses to fax/email this sheet, that I agree that the faxed/email signature constitutes and is as good as, my original signature.

Signature of Cardholder: _____

Print Name _____ Date _____

Kropp Equipment, Inc.

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- And -

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KURT KROPP
VP
KURT@KROPP.COM

In. Facility
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Schererville, IN
46375

II. Facility
1339 Yorkshire
Streamwood, IL
60107

II. Facility
16050 Woodmint lane
South Beloit, IL.
61080

P. 866-402-2222 Ext (1104)
F. 312-589-6767
C. 219-808-4040

The "Damage Waiver" covers the renter for accidental damage to the rental equipment. Kropp Equipment will waive the damage waiver fee if the customer provides a Certificate of Insurance from their insurer that shows Kropp Equipment named as an additional insured as well as showing coverage for "Contractors Rented Equipment" up to the value of the unit being rented and Kropp Equipment is named as loss payee.

Damage Waiver Exceptions

Even with the Damage Waiver, damage or loss caused by burglary, theft, conversion misuse, abuse intentional or negligent damage or destruction, or similar causes remain your responsibility including without limitation:

Use or operation of equipment in a manner inconsistent with the manufacturer's instructions, or contrary to the rental contract..

Loss or damage to accessory equipment such as welding leads, electric cords, bits, batteries, hoses, tires, tubes, or harnesses, etc.

Loss due to inventory shortage, wrongful conversion or any dishonest act by customer or by a person entrusted by customer with the equipment, including customer's employees, sub-contractors or agents.

Loss or damage due to flood, storm earthquake, or other external factors.

Loss or damage due to overloading or exceeding rated capacity, misuse, abuse, or improper servicing of the equipment.

Seizure or destruction of the equipment by order of a government authority.

All loss or damage of equipment caused by theft vandalism, or malicious mischief.

Tire repair is the responsibility of the renter.

Damage waiver is NOT insurance. The customer is still responsible for all the personal Injuries or property damage as set forth in the Rental Contract or operation of the equipment. The Damage Waiver is enforced for the same duration as the rental period.



EXTENDING YOUR REACH!

Liability & Physical Damage Insurance

We need your current certificate of insurance on file.

Please provide a certificate of insurance endorsed to Kropp Equipment, Inc that has the following:

1. Liability insurance of \$1,000,000 minimum value limit with **Kropp Equipment named as additional insured.**
2. For value of rented/leased equipment **Kropp Equipment, Inc. needs to be named as additional insured and loss payee.** This insurance is usually associated with the following:
 - a. Contractor's equipment policy specifying rented or leased equipment and value limit, which needs to be stated on the COI,
 - or
 - b. Inland Marine policy specifying rented or leased equipment and the value limit, which needs to be stated on the COI.

Please Note:

- If your company does not carry sufficient physical damage coverage for rented equipment, we will charge a Damage Waiver premium of 8% of the rental rate. This coverage is for accidental damage not covering negligence, incidental or non incidental property damage.
- If your company does not carry sufficient liability & damage coverage, we will charge an insurance premium of 6% of the rental rate.
- The insurance premium and sales tax will be automatically added to your billing if we do not receive the requested certificates.

You may fax proper certificates to the attention of Teresa Schmidt at
312-589-6364

or mail to:

Kropp Equipment Inc., Attn: Teresa at 1020 Kennedy Ave., Schererville, IN 46375

or email to:

teresa@kropp.us

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