



# HERC-U-LIFT

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## DAMAGE WAIVER ADDENDUM TO RENTAL AGREEMENT

CUSTOMER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

If you accept this damage waiver, we agree to modify the responsibilities set forth under the heading "Terms and Conditions," regarding rental equipment that is not returned or is returned in a damaged condition. The modification is that by accepting the waiver, you shall not be responsible for damages, destruction, theft, of the rental equipment, if it is used for its specific purpose and not misused in any fashion.

**A.** There will be no waiver of a claim for loss or damage:

- 1. To rented equipment as a result of overloading or exceeding the rated capacity.
- 2. To tires and tubes caused by blowout, cuts, or punctures or other caused inherent in the use of the rented equipment
- 3. Resulting from a lack of, or negligence in daily checking the engine oil, coolant, tires, brakes, and safe operation of the rental unit.
- 4. Due to mysterious disappearance or shortage of equipment listed on the rental agreement.
- 5. Loss or damage caused by breach of trust of you, your employees or persons to whom the rented equipment is entrusted.
- 6. For any and all accessories associated with the equipment listed on the rental agreement.
- 7. Use of the rented equipment in violation of any terms of the rental contract.
- 8. Lack of trained personnel to operate the equipment rented.

**B.** You will immediately inform us of all losses or damages and provide us the name of your insurance company, name and address of your insurance agent, copy of the police report and complete information concerning insurance coverage for any loss or damage. You will exercise all rights available to you under your insurance coverage and assign all claims and proceeds from your insurance coverage to us.

**C.** The charges for this waiver, and administration of claims, insurance, and other related matters is twelve percent of rental charges.

\_\_\_\_\_ ACCEPTED                      SIGNATURE \_\_\_\_\_

\_\_\_\_\_ DECLINED                      SIGNATURE \_\_\_\_\_

Name of insurance company, name of agent, and phone number \_\_\_\_\_

ANY QUESTIONS? PLEASE CALL TODD ORROCK, RENTAL MANAGER