



Rental Agreement Form

Sales Order #: _____ Customer PO#: _____ Rental Location: Ocala
 Equipment Description: _____ PH Job/Stock#: 4102
 Make/Model: 45315 PTHG HX VIN: 2 NPM HM 7XS RM 657292
 Additional Equipment Provided: _____
 Expected Rental Start Date: 6/28/24 Expected Rental End Date: 7/28/24
 Meter Start: _____ Meter End: _____

CUSTOMER INFORMATION

Customer Name(or DBA): City of Ocala Business Phone: 352-572-0484
 Billing Address, City, State Zip: 1805 N. 30th Ave Bld 600
 Contact Name: Stacky Ferrante Contact Phone #: 352-572-0484

I AGREE THAT RENTAL ON THE ABOVE UNIT SHALL BE CHARGED AT THE RATE LISTED BELOW AND FOR THE DURATION OF THE RENTAL PERIOD. NO CREDITS ARE GRANTED FOR EARLY RETURN. I UNDERSTAND THAT ABOVE NAMED COMPANY/INDIVIDUAL IS RESPONSIBLE FOR THE RENTAL UNIT, ALL EQUIPMENT AND ACCESSORIES. DURING THE TIME THE RENTAL UNIT IS ENTRUSTED TO MY COMPANY, WE WILL BE RESPONSIBLE FOR ANY AND ALL DAMAGES TO, OR CAUSED BY, THE ABOVE-MENTIONED UNIT. WE AGREE TO BE RESPONSIBLE FOR INSURANCE ON SAID UNIT. **THIS CONTRACT IS NOT VALID UNTIL THE CERTIFICATE OF INSURANCE IS PROVIDED TO TEXAS UNDERGROUND. THE CERTIFICATE OF INSURANCE MUST NAME TEXAS UNDERGROUND, INC. AS ADDITIONAL INSURED AND SHALL BE VALID FOR THE RENTAL PERIOD STATED IN THIS AGREEMENT. UNLESS OTHERWISE STATED, THE CUSTOMER IS RESPONSIBLE FOR THE DEDUCTIBLE WHICH WILL APPLY TO ANY PHYSICAL DAMAGE LOSSES. SEE THE ATTACHED ADDENDUM FOR THE INSURANCE REQUIREMENTS.** TEXAS UNDERGROUND WILL PERFORM ALL SERVICE WORK ON THE UNIT DURING THE RENTAL PERIOD. IF AN EXTENSION OF RENTAL IS NEEDED; YOU MUST NOTIFY TEXAS UNDERGROUND PRIOR TO THE EXPECTED END DATE. I FURTHER CERTIFY THAT I AM NOT AN EMPLOYEE, AGENT, OR INDEPENDENT CONTRACTOR OF OR FOR TEXAS UNDERGROUND AND THAT I AM EXCLUSIVELY IN THE EMPLOY OF THE ABOVE NAME COMPANY/INDIVIDUAL, AND OPERATING SOLELY PURSUANT TO ITS ORDERS, DIRECTIONS AND CONTROL.

ACCEPTANCE: I/We have been fully trained on all operating procedures, and I/we have identified all defects with the unit at this time, and I/we agree with the Texas Underground, Inc.. employee Ken Whitehead signed by:

Customer Signature: Ken Whitehead Date: 7/3/2024
 Texas Underground, Inc.: Ryma Bankes PRINT NAME CLEARLY Date: 6-28-24
 SIGNATURE SIGNATURE

ESTIMATED CHARGES

Rental Period: ___/___/___ to ___/___/___ Tax Exempt (circle one): No Yes (If Yes...Tax Exempt or Resale Certificate required)

Rental Rate (circle one): per day / week / month \$ 10,500.00

Applicable Tax Rate: N/A % Jurisdiction/State Florida Estimated Tax Amount \$ 0

Tax Rates: Short Term <30 days		Long Term >30 days	
Texas	10%		6.25%
North Carolina	8%		3%
Florida	Rate varies by location		Rate Varies by location
Other States	See Accounting for rates		

Estimated Amount Due: \$ 10,500.00 (Final Invoice will include any additional fees or repair costs associated with the final inspection at return)

Approved as to form and legality:

DocuSigned by:

William E. Sexton

B07DCFC4E86E429...



Rental Agreement Form

ADDENDUM TO RENTAL AGREEMENT: INSURANCE REQUIREMENTS

Customer Name(or DBA): City of Ocala
Rental Unit Make/Model/VIN Peterbuilt 537-45315 PHG HX
Rental Period: 6/28/24 to 7/28/24 2 NPM HM 7X5RM 657292

Certificate of Insurance Requirements:

CHECK & INITIAL, IF WAIVED

- ☐ Must provide a minimum of \$1,000,000.00 Combined Single Limit Liability
- ☐ Must provide a minimum of \$1,000,000.00 Hired Auto Liability
- ☐ Must provide Physical Damage Coverage
- ☐ Texas Underground, Inc. Must be named as Additional Insured (as shown below)

Texas Underground, Inc. dba Underground Inc

1617 Garden Road

Pearland TX 77581

- ☐ Must reference the Make/Model/VIN of the Rental Unit
- ☐ Must provide a Waiver of Subrogation
- ☐ Must provide Primary Non-Contributory ☐ _____ INITIAL
The Customer's policy must pay before other applicable policies (Primary) and without seeking contribution from other policies that also claim to be Primary (Non-Contributory)
- ☐ Must provide proof that customer carries an Umbrella Policy ☐ _____ INITIAL

*** Waivers for any of the above requirements must be approved by Texas Underground, Inc. ***

By checking the box/boxes above and initialing, I agree to waive the insurance requirements noted for the specific rental listed on the attached Rental Agreement form.

A handwritten signature in black ink, appearing to read "Ryan Bailes".

Signature by Texas Underground, Inc.'s Management

Date

6-28-24

Print Name:

Ryan Bailes



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

INSERT DATE

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).

PRODUCER		CONTACT NAME: COMPLETE THIS SECTION	
INSURANCE AGENCY NAME		PHONE (A/C, No, Ext):	FAX (A/C, No):
ADDRESS		E-MAIL ADDRESS:	
CITY	STATE & ZIP	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A: COMPLETE THIS SECTION	
CUSTOMER'S NAME		INSURER B:	
ADDRESS		INSURER C:	
CITY		INSURER D:	
STATE & ZIP		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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	INSERT LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	INSERT POLICY NUMBER	INSERT EFFECTIVE DATE	INSERT EXPIRATION DATE	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ minimum requirement MED EXP (Any one person) \$ \$1,000,000.00 PERSONAL & ADV INJURY \$ Combined GENERAL AGGREGATE \$ Single Limit PRODUCTS - COM/POP AGG \$ Liability and Employee Benefits \$ \$1,000,000.00 PIP-Basic \$ Hired Auto Liability	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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	Y	Y	INSERT POLICY NUMBER	INSERT EFFECTIVE DATE	INSERT EXPIRATION DATE	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		INSERT POLICY NUMBER	INSERT EFFECTIVE DATE	INSERT EXPIRATION DATE	EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y		INSERT POLICY NUMBER	INSERT EFFECTIVE DATE	INSERT EXPIRATION DATE	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
B	Garage Keepers Primary Insurance			INSERT POLICY NUMBER	INSERT EFFECTIVE DATE	INSERT EXPIRATION DATE	Limit Each Auto Each Event	

REQUIRED:

DESCRIPTION OF EQUIPMENT INCLUDING SERIAL NUMBER OR VIN: INSERT HERE

CERTIFICATE HOLDER IS ADDITIONAL INSURED WITH RESPECT TO GENERAL LIABILITY, AUTO AND UMBRELLA ON A PRIMARY AND NON-CONTRIBUTORY BASIS. WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY, AUTO,

UMBRELLA AND WORKER'S COMPENSATION. HIRED AND NON-OWNED AUTO DEDUCTIBLE OR LIMIT INSERT HERE

CERTIFICATE HOLDER

CANCELLATION

TEXAS UNDERGROUND, INC. dba UNDERGROUND 1617 GARDEN ROAD PEARLAND, TX 77581	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

Certificate Of Completion

Envelope Id: 1AF9CD31ECB34482A89DB2800AB937F2

Status: Completed

Subject: FOR SIGNATURE - Emergency VAC Truck Rental Agreement (WRS/240849)

Source Envelope:

Document Pages: 3

Signatures: 2

Certificate Pages: 2

Initials: 0

AutoNav: Enabled

Envelope Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Envelope Originator:

Patricia Lewis

110 SE Watula Avenue

City Hall, Third Floor

Ocala, FL 34471

plewis@ocalafl.org

IP Address: 216.255.240.104

Record Tracking

Status: Original

7/3/2024 8:52:21 AM

Holder: Patricia Lewis

plewis@ocalafl.org

Location: DocuSign

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: City of Ocala - Procurement & Contracting

Location: DocuSign

Signer Events

William E. Sexton

wsexton@ocalafl.org

City Attorney

City of Ocala

Security Level: Email, Account Authentication
(None)**Signature**

DocuSigned by:



B07DCFC4E86E429...

Signature Adoption: Pre-selected Style

Using IP Address: 216.255.240.104

Timestamp

Sent: 7/3/2024 8:56:59 AM

Viewed: 7/3/2024 10:14:33 AM

Signed: 7/3/2024 10:15:04 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Ken Whitehead

kwhitehead@ocalafl.org

Assistant City Manager

City of Ocala

Security Level: Email, Account Authentication
(None)

DocuSigned by:



5677F71E38874F4...

Signature Adoption: Pre-selected Style

Using IP Address: 216.255.240.104

Sent: 7/3/2024 10:15:05 AM

Viewed: 7/3/2024 10:32:15 AM

Signed: 7/3/2024 2:24:22 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/3/2024 8:56:59 AM
Certified Delivered	Security Checked	7/3/2024 10:32:15 AM
Signing Complete	Security Checked	7/3/2024 2:24:22 PM
Completed	Security Checked	7/3/2024 2:24:22 PM
Payment Events	Status	Timestamps