



JOB # \_\_\_\_\_ ACTIVITY # \_\_\_\_\_

UNIT # \_\_\_\_\_

**STANDARD EQUIPMENT RENTAL AGREEMENT**

Name \_\_\_\_\_

Address \_\_\_\_\_

I hereby agree to rent to Emcon Services Inc. the following equipment at the rental rates as shown:

<u>TYPE OF EQUIPMENT</u>	<u>MODEL</u>	<u>ATTACHMENTS</u>	<u>RATE</u>
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The owner at his own expense shall insure and keep insured against all risks of loss and damage, all equipment rented to Emcon Services Inc. and shall carry and maintain liability insurance against Third Party claims arising from ownership, use or operation of machinery or apparatus, (including its equipment), mounted on or attached to any equipment: with inclusive limits of not less than \$2,000,000.00 for bodily injury, including death, and property damage, arising out of the use, possession, or transportation of the equipment, and shall indemnify and save harmless Emcon Services Inc. from and against all claims and demands, loss or damages, in respect thereof.

**NOTE:** All insurance policies must contain a waiver of subrogation clause that in the event of any third party loss or damage or any physical loss or damage to the equipment, the settlement or payment of the subsequent claims shall be made without the right of subrogation against Emcon Services Inc. or any of it's representatives.

All equipment and operators must comply with applicable Motor Vehicle and Motor Carrier Acts and Regulations.

It is expressly understood that the owner/operator under this agreement shall comply with all safety requirements and regulations of Emcon Services Inc.. Copies of these policies are available to review at each supervisor's office.

All equipment rented to Emcon Services Inc. must conform to the requirements of the current Worker's Compensation Board Industrial Health and Safety Regulations, including the maintenance of required logbooks. The owner/operator must provide a valid W.C.B. Registration Number and by signing this form hereby confirms that Worker's Compensation Board Registration is current and not in arrears.

W.C.B. Reg.# \_\_\_\_\_

**I have read and understood the safety regulations and policies as presented in the Emcon Services Inc. Occupational Health & Safety Policy manual.**

\_\_\_\_\_  
SIGNATURE OF OWNER/REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Emcon Services Inc. Official