



EQUIPMENT RENTAL REIMBURSEMENT AGREEMENT

Refer to Supplemental Declarations if information is not shown on this form.

AGREEMENT

This form is part of Policy No. _____.

We will provide the insurance stated in this form in return for *your* payment of the premium due and *your* compliance with all of the *terms* of this policy.

Named Insured: _____.

WHAT WE PAY FOR

We will pay the reasonable cost of rental of substitute equipment when scheduled equipment is rendered inoperative by a covered cause of loss, subject to the General Policy Provisions and the following Additional Provisions:

Schedule

<u>Description of Equipment</u>	<u>Identification of Equipment</u>	<u>Amount of Insurance</u> (each 30 day period)
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Total \$ _____.

OPTIONAL PERIOD _____ DAYS

When additional 30 day increments are shown above, the per day and maximum time period in **How Much We Pay For Loss Or Claim** are adjusted accordingly.

WAITING PERIOD

Coverage for rental reimbursement of scheduled equipment incepts 48 hours after notice of loss is received by *us*.

HOW MUCH WE PAY FOR LOSS OR CLAIM

We will pay no more than 1/30th of the amount of insurance per day for covered loss to each scheduled item, subject to the waiting period shown above. Reimbursement is limited to a maximum of 30 days per *occurrence*, unless extended in the Optional Period. The following provisions apply:

1. We will pay pro-rata shares of the per day rate, but not less than 50% on any partial day.
2. We are liable only for the expense of rental of identical or substantially similar equipment.
3. *You* must resume operations as soon as practicable following any loss. *You* must resume partial operations when that operation will reduce or eliminate the additional expense being incurred.
4. *You* must substitute other equivalent equipment at *your* disposal, if any such equipment is not in use.
5. *You* must notify the police when the cause of loss is a violation of the law.