BritCrewUSA Production Motorhomes......MOTORHOME RENTAL AGREEMENT.

308 3rd St. Sausalito, CA 94965 • 415 730 4991

The Lessee hereby rent from BritCrewUSA Production Motorhomes, hereinafter called BCUSA, the facilities, equipment and services described, and by signing this form agrees to pay rental fees accrued.

RENTAL PAYMENTS shall commence on date of said leased equipment and said payments shall be made to BCUSA.

DURATION OF RENTAL PERIOD: The duration of the Rental Period and the obligations of the Lessee under this Agreement shall commence at the time and place that the Motorhome and any related equipment leaves the storage yard or facility of BCUSA for transport to the site of use and until the Motorhome and any related equipment is returned to said storage yard or facility. This definition of Duration of Rental Period may elsewhere in this Agreement of related rental documents be referred to as Portal-to-Portal.

Lessee agrees to pay for the cost of necessary repairs or damages or use beyond normal wear and tear plus accrued rental during period in which equipment is being repaired.

Lessee agrees that it shall not permit rented equipment or facilities to be used in violation of any Federal, State or Municipal laws or regulations and holds BCUSA harmless in all such matters.

BCUSA makes no warranties, expressed or implied as to the condition, mechanability, fitness for particular purpose, or any other matter concerning rented equipment or facilities.

Acceptance of the return of rented equipment or facilities is not a waiver by BCUSA of claims it may have against Lessee or any waiver of claims for damage done to rented equipment.

If any of the rented equipment is lost, destroyed, damaged beyond repair or for any other reason not returned to BCUSA, Lessee agrees to pay the cost to replace said equipment with new equipment of similar kind.

Lessee agrees to indemnify and hold harmless BCUSA its offices and employees from any and all claims, suits, damages, losses, liabilities (including Workers' Compensation for Lessors employee and agents either full time or day Hired), including attorney fees, for: loss of life or injury to any person, damage to property or other damages or losses whatsoever, resulting directly or indirectly from a cause or occurrence in, upon, at or from the use of rented equipment or facilities, including, but not limited to such damage or injury which may be caused by the negligence of BCUSA, its agents, offices or employees.

INSURANCE: Lessee, at its expense, shall cover by insurance the full value of equipment rented from BCUSA against loss and damage. General Liability coverage of \$1,000,000 minimum is required. A Certificate of Insurance is required naming BCUSA as the Additional Insured and Loss Payee. All insurance coverage shall remain in full force for the entire period of the lease regardless of whether Lessee, its agents or employees are actually present. The Duration of the insurance coverage provided for this paragraph shall be on a Portal-to-Portal basis as herein above defined.

All parking tickets or any such fraction of the law, shall be paid by Lessee. Lessee acknowledges that BCUSA is not a transportation company, as such, agrees to transport people at their own risk as covered by their insurance and holds BCUSA harmless.

CANCELLATION :BCUSA can require compensation for any loss it may sustain due to cancellation by Lessee of all or part of rental order once your confirmation form has been received.

GENERAL PROVISIONS: Any dispute arising pursuant to this agreement shall be controlled by California law. Lessee agrees to pay reasonable attorney's fees to BCUSA to enforce any provision of the rental agreement. This agreement cannot by amended or modified except by mutual agreement, in writing, signed by both parties. RESTROOM POLICY: The Restroom is for smaller productions of 30 people MAX!

Larger productions should arrange for supplemental Restrooms.

We can supply contact numbers to assist you rent Porta Pottys, or Restroom Trailers. Please note this policy is strictly enforced!!

| LESSEE ( | COMPANY NAME | DATE |
|----------|--------------|------|
|          |              |      |

AUTHORIZED SIGNATURE\_\_\_\_

## BritCrewUSA Production Motorhomes

| CONFIRMATION FORM / CREDIT CARD AUTHORIZATION FORM<br>For 10hr days Portal to Portal  |
|---|
| COMPANY NAME  |
| PRODUCT   |
| Check applicable payment method below.<br>Credit Card information required to confirm booking.  |
| Full payment by check at the end of the job. (No fee!)  |
| Advance/Full payment by PayPal at the end of the job by VISA,<br>MasterCard, American Express, or Discover .<br>(4% will be added to invoice if swiped, 7% if card not present) |
| ACCOUNT TYPE: (circle one) Visa MasterCard AMEX Discover  |
| CARD#   |
| EXPIRATION DATE   |
| CVV2 (3 digit number on back of Visa / MC, 4 digits on front of AMEX  |
| Billing Address   |
| City, State, Zip  |
| Cardholder Name   |
| AUTHORIZED SIGNATUREDATE  |

I authorize BritCrewUSA Production Motorhomes to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card, and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

CANCELLATION: BritCrewUSA can require compensation for any loss it may sustain due to cancellation by Lessee of all or part of rental order, once your confirmation form has been received by BritCrewUSA.

## **BritCrewUSA Production Motorhomes**

300 English St. Petaluma, CA 94952 415 730 4991

## **Location Policy**

Please ensure the Motorhome will be able to access, and setup at your desired location.

Locations deemed unfit for the Motorhome are at the discretion of the Driver, whose decision is final.

Low branches are the most common problem.

The roof of the Motorhome has Solar Panels, Wiring, Satellite Dome and AC units. None of which are designed to be driven through tree branches.

NOTE: Off road driving will incur a \$150 vehicle cleaning fee!

Please note the following measurements:-

Height; 12'8" Width; 9'00" Length; 46ft (5 regular parking spaces).

I the undersigned agree to the BritCrewUSA Locations Policy.

Project Name \_\_\_\_\_

| Signature | <br>Date |  |
|-----------|----------|--|
|           |          |  |

## **RESTROOM POLICY**

If your shoot involves more than 35 people, you must make alternative Restroom arrangements.

Here are some numbers

Golden State Portables (408) 640 9351 United Portable Restrooms (707) 590 3181 National Porta Potties (510) 563-4000 Honey Bucket (925) 787 8704 Dave's Porta Potties (831) 245-8295 Hanson-Fitch Portable Restrooms (High End) (800) 847-7037

I the undersigned agree to the BritCrewUSA Restroom Policy.

Project Name

| ACORD <sup>®</sup> CERTIFICATE OF LIABILITY INSURANCE  |  |  |   |                          |  |            | DATE (MM/DD/YYYY) |  |  |  |
|--|--|--|---|--------------------------|--|------------|-------------------|--|--|--|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>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   |  |  |   |                          |  |            |                   |  |  |  |
|  |  | PH<br>(A/                              | PHONE FAX<br>(A/C, No, Ext): (A/C, No): |                          |  |            |                   |  |  |  |
|  |  |  | É-MAIL<br>ADDRESS:                      |                          |  |            |                   |  |  |  |
|  |  |  | INSURER(S) AFFORDING COVERAGE NAIC      |                          |  |            | NAIC #            |  |  |  |
| INSURED  |  |  | INSURER A :                             |                          |  |            |                   |  |  |  |
| INSORED  |  |  |   |                          |  |            |                   |  |  |  |
|  |  |  | INSURER C :                             |                          |  |            |                   |  |  |  |
|  |  |  | SURER E :                               |                          |  |            |                   |  |  |  |
|  |  |  | INSURER F :                             |                          |  |            |                   |  |  |  |
| COVERAGES  | CERTIFICATE NUME                           |  |   |                          | <b>REVISION NUMBER:</b>                                  |            |                   |  |  |  |
| THIS IS TO CERTIFY THAT THE PO<br>INDICATED. NOTWITHSTANDING A<br>CERTIFICATE MAY BE ISSUED OR<br>EXCLUSIONS AND CONDITIONS OF   | NY REQUIREMENT, TEF<br>MAY PERTAIN, THE IN | RM OR CONDITION OF<br>SURANCE AFFORDED | ANY CONTRACT<br>BY THE POLICIE          | OR OTHER I               | DOCUMENT WITH RESP<br>D HEREIN IS SUBJECT                | ECT TO     | WHICH THIS        |  |  |  |
| INSR<br>LTR TYPE OF INSURANCE  | ADDL SUBR                                  | POLICY NUMBER                          | POLICY EFF<br>(MM/DD/YYYY)              |                          |  | IITS       |                   |  |  |  |
| A COMMERCIAL GENERAL LIABILITY   | (  | T DEIOT NOMBER                         |   |                          | EACH OCCURRENCE  |            | 00,000<br>00,000  |  |  |  |
|  |  |  |   |                          | PREMISES (Ea occurrence)<br>MED EXP (Any one person)     |            | cluded            |  |  |  |
|  |  | _                                      |   |                          | PERSONAL & ADV INJURY                                    | s1,000,000 |                   |  |  |  |
| GEN'L AGGREGATE LIMIT APPLIES PER  | :  |  |   |                          | GENERAL AGGREGATE \$10,000,000                           |            |                   |  |  |  |
|  |  |  |   |                          | PRODUCTS - COMP/OP AGO                                   | s \$2,0    | 00,000            |  |  |  |
| OTHER:   |  |  |   |                          | COMBINED SINGLE LIMIT                                    | \$         | 00.000            |  |  |  |
|  |  |  |   |                          | (Ea accident)  |            | 00,000            |  |  |  |
| X ANY AUTO<br>ALL OWNED SCHEDULE   | о     (                                    |  |   |                          | BODILY INJURY (Per person)<br>BODILY INJURY (Per accider |            |                   |  |  |  |
| X AUTOS AUTOS NON-OWNE   | ED   |  |   |                          | PROPERTY DAMAGE  | \$         |                   |  |  |  |
| HIRED AUTOS AUTOS  |  |  |   |                          | (Per accident)   | \$         |                   |  |  |  |
|  |  |  |   |                          | EACH OCCURRENCE  | \$         |                   |  |  |  |
| EXCESS LIAB CLAIMS   |  |  |   |                          | AGGREGATE  | \$         |                   |  |  |  |
| DED RETENTION \$   WORKERS COMPENSATION  |  |  |   |                          | PER OTH-   | \$         |                   |  |  |  |
| AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE   | Y/N  |  |   |                          | STATUTE ER   | \$         |                   |  |  |  |
| OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)  | N/A  |  |   |                          | E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOY           |            |                   |  |  |  |
| If yes, describe under<br>DESCRIPTION OF OPERATIONS below  |  |  |   | E.L. DISEASE - POLICY LI |  |            |                   |  |  |  |
| Hired and Non-Owned  |  |  |   |                          | <b>\$500.000</b>   | Ded        | \$7,500           |  |  |  |
| Auto   |  |  |   |                          | \$500,000  |            | imum              |  |  |  |
| A Physical Damage.<br>DESCRIPTION OF OPERATIONS / LOCATIONS  |  |  |   |                          |  |            |                   |  |  |  |
|  |  | litional Remarks Schedule, n           | nay be attached if mo                   | re space is requi        | ed)  |            |                   |  |  |  |
| BritCrewUSA Production   |  |  |   |                          |  |            |                   |  |  |  |
| Motorhomes is included   |  |  |   |                          |  |            |                   |  |  |  |
| additional assured in ac   |  |  |   |                          |  |            |                   |  |  |  |
| with the policy provision  | s of the                                   |  |   |                          |  |            |                   |  |  |  |
| General Liability Policy.  |  |  |   |                          |  |            |                   |  |  |  |
| CERTIFICATE HOLDER   |  | C                                      | ANCELLATION                             |                          |  |            |                   |  |  |  |
| BritCrewUSA Production   |  |  |   |                          | ESCRIBED POLICIES BE                                     |            |                   |  |  |  |
| Motorhomes   |  |  | THE EXPIRATIO                           | N DATE THE               | REOF, NOTICE WILL  |            |                   |  |  |  |
| 300 English St.  |  |  | ACCORDANCE WITH THE POLICY PROVISIONS.  |                          |  |            |                   |  |  |  |
| Petaluma, CA 94952   |  |  | AUTHORIZED REPRESENTATIVE               |                          |  |            |                   |  |  |  |
|  |  |  |   |                          |  |            |                   |  |  |  |
|  |  |  |   |                          |  |            |                   |  |  |  |
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