



Invoice Services and Payment Options

Effective 1/1/25

Electronic delivery is the most efficient option to receive your invoices, although you still have the option to receive paper invoices. To ensure electronic delivery of your invoices, consider setting up a general email that can be monitored by more than one of your employees.

Billing Cycle	Sunstate operates on a 28-day billing cycle and our standard payment terms are 30-days.
Purchase Orders	If your invoice requires reference to a purchase order, please submit a copy of your purchase order when placing the order. To sscredit@sunstateequip.com
Sales Tax	To claim exemption from sales tax assessment, please send a copy of your sales tax exemption with your order to sscredit@sunstateequip.com
Late Charges	If payments are not received within your agreed upon payment terms, the balance due will be subject to a late charge at 1.5% per month on the past due balance.
Payments	Electric funds transfers (ACH), bank-to-bank, are the most efficient and cost-effective way to make payments. For customers that prefer other payment methods, payments can also be made by credit card, with a 2% surcharge, or by traditional paper check, directly to the lockbox outlined below.
Lien Waivers	Submit all lien waiver requests and questions directly to lienreleases@sunstateequip.com Turnaround time for responses is 48-hours.
Damage Waiver	Sunstate charges 15% of the rental value if a Certificate of Insurance is not on file. If you have your own insurance, send a COI to coi@sunstateequip.com . Full requirements for a valid COI and Sample can be found at the bottom of this document.

Payment Options

Direct Payment: (Preferred Method)	<p>Electronic payment initiated by your accounts payable department through your bank. When paying via ACH, a remittance advice must be sent to (sunstateremittance@sunstateequip.com) at the time of payment for accurate posting.</p> <p>Bank Name: Wells Fargo Bank Bank Address: 420 Montgomery Street, San Francisco, CA 94104 Account Name: Sunstate Equipment Co, LLC</p>
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	ABA Routing: 122105278 Account: 92883203887 Swift Code: WFBIU6S Wire Routing: 1221000248
Online Payment:	Sunstate offers a self-service option for you to view and pay your invoices. The Navigator portal allows you to: Review Equipment on Rent, All invoices, Balance Due, Payment Options, Jobsite Productivity, Delivery Status, Service Calls, Custom Reporting, FAQs, and Technical Help. To enroll, all you need is your account number and contact email address.
Paper Check Payment:	Please mail all paper check payments directly to Sunstate's lockbox address: Sunstate Equipment Co, LLC P.O. Box 208439 Dallas, TX 75320-8439

Customer Support and Service

Give our credit department a call at 602-683-2236 to discuss any items on your account, payment methods or anything else want to know. You may also send an email to sscredit@sunstateequip.com with general questions.



INSURANCE REQUIREMENTS TO AVOID PAYING

DAMAGE WAIVER (DW)

Thank you! for choosing Sunstate Equipment Co. for your rental equipment needs. We appreciate your business and look forward to serving you. Please ask your Insurance Agent to forward a Certificate of Insurance that includes:

- 1. Inland Marine or Contractors Equipment Insurance** for Rented Equipment indicating a minimum **\$50,000** per item limit, with Sunstate Equipment Co. LLC listed as Loss Payee.
Please note that when providing the minimum required limit, you will continue to be responsible for any losses that exceed your insurance limit. There are many types of equipment in our rental fleet that have values greater than \$50,000 and we encourage all of our customers to evaluate what insurance limits are adequate for their own needs. Sunstate also offers a "Value Coded DW" option where we automatically charge a Damage Waiver fee, for any equipment you rent that exceeds the per item insurance limit you have provided us. Sunstate will automatically apply this Value Code for customers with less than \$50,000 in limits but it is available as a valuable Risk Management tool to any customer who would like to take advantage of it. DW is NOT Insurance. *NOTE: For our customer's protection we cannot accept scheduled equipment certificates. We offer short term rentals, not leases; we cannot specifically identify the equipment VIN prior to delivery, and equipment may be exchanged during the rental.*
- 2. \$1,000,000 General Liability coverage**, naming Sunstate Equipment Co. as Additional Insured.
- 3. Hired Auto Physical Damage** including your limits, and, if you will ever be renting a licensed over the road vehicle, \$1,000,000 Hired Auto Liability with Sunstate Equipment Co. LLC listed as Additional Insured and Loss Payee.
- 4. Sunstate Equipment Co., LLC** 5552 East Washington St. Phoenix AZ 85034 as certificate holder.
- 5. Notice of Cancellation.**

Please E-mail Certificates of Insurance to: coi@sunstateequip.com

We do not need an original by mail.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
date issued

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 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 ABC Insurance Agency 123 Main Street Any Town, USA 0000	SAMPLE
INSURED XYZ Company 123 Elm Street MY TOWN US 00000	

CONTACT NAME: agency contact info	
PHONE (A.C. No., Ext)	FAX (A.C. No.)
ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Insurance Company Name	NAIC # enter
INSURER B: Insurance Company Name	enter
INSURER C: Insurance Company Name	enter
INSURER D: Insurance Company Name	enter
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	EXCLUSIONS (INSR) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Policy number	01/01/2013	01/01/2014	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> UNWRD TO RENTED PREMISES (Ea occurrence) \$ 50,000					
	MED EXP (Any one person) \$ 5,000					
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMPROPAGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> Hired AUTOS	Y	Policy Number	01/01/2013	01/01/2014	NUMBERED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> Hired Car Physical Damage					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB EXCESS LIAB					EACH OCCURRENCE \$
						AGGREGATE \$
						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Please stay in NR) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Policy Number	01/01/2013	01/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
						E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Rental Equipment Coverage "Special Form" Required		Policy Number	01/01/2013	01/01/2014	Limit per item \$50,000 minimum

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Sunstate Equipment Co., LLC is included as an Additional Insured on the General Liability and Automobile Liability policies, and Loss Payee on the Automobile Hired Car Physical Damage and Rental Equipment Coverage policies.

CERTIFICATE HOLDER Sunstate Equipment Co., LLC 5552 E Washington Street Phoenix AZ 85034	CANCELLATION 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 Authorized Signature of Agency