



South Shore
Regional Centre for Education

ENTERPRISE RENTAL CAR FORM

(Corporate Class# T40128, Vendor#21001623)

EMPLOYEE RENTING VEHICLE:

School/Location: _____ Contact# _____
Employee E-mail: _____ Personnel# (required) _____
Name of Driver (if different from above): _____

REASON FOR RENTAL:

Function: _____
Location of Function: _____
Date(s) of Rental: From: _____ Pickup Time: _____
To: _____ Return Time: _____

NAME/TITLE OF SUPERVISOR: _____

SIGNATURE OF SUPERVISOR: _____



Must have signature of Supervisor Prior to Car Rental

ACCT INFO:

GL:

786325

Fund
Centre

68

Fund:

Functional
Area:

ENTERPRISE VEHICLES & RATES (Circle Rate):

Vehicle Size	Vehicle Type (Examples)	Daily Rates	Weekly Rates	Monthly Rates
Economy	Hyundai Accent or Similar	\$31.99	\$191.99	\$767.96
Compact	Kia Rio or Similar	\$33.99	\$203.99	\$815.96
Intermediate	Ford Focus or Similar	\$35.99	\$215.99	\$863.96
Standard	Chrysler 200 or Similar	\$40.99	\$245.99	\$983.96
Full Size	Chevy Impala or Similar	\$41.99	\$251.99	\$1,007.96
Mini Vans	Dodge Caravan or Similar	\$47.99	\$287.99	\$1,151.96
Truck (4X4)	Ford F150 or Similar	\$52.99	\$317.94	\$1,271.76
SUV	Ford Escape or Similar	\$52.99	\$317.94	\$1,271.76
Cargo Van	Ford Econoline or Similar	\$49.99	\$299.94	\$1,199.76

INSTRUCTIONS:

- 1) E-MAIL (cwagner-whynot@ssrce.ca) or Fax Completed Form to (902) 527-5400
- 2) IF TRAVELLING FOR BUSINESS PURPOSES, FAX OR BRING A COPY OF COMPLETED FORM TO ENTERPRISE WHEN PICKING UP VEHICLE TO WAIVE ENTERPRISE INSURANCE AS A REGIONAL CENTRE EMPLOYEE UNDER THE REGIONAL CENTRE INSURANCE PLAN. PLEASE NOTE, SCHOOLS RENTING VEHICLES FOR SPORTS EVENTS MUST PURCHASE THE ENTERPRISE INSURANCE FOR THE PROTECTION OF THE SCHOOL. OTHERWISE, THE SCHOOL WOULD BE RESPONSIBLE TO PAY FOR ALL REPAIRS UNDER \$1000.
- 3) A COPY OF AN UP TO DATE INSURANCE CERTIFICATE IS ATTACHED. PLEASE TAKE CERTIFICATE WITH YOU IN THE RENTED VEHICLE TO PRESENT TO LAW ENFORCEMENT OFFICER, IF STOPPED.

ENTERPRISE PHONE/FAX NUMBERS:

Bridgewater Office: 527-5909 or 1-800-736-8222 FAX# 527-5914

Yarmouth Office: 742-5559 or 1-800-736-8222 Fax # 742-5552

NOTE ON "AUTHORIZED DRIVERS"

All employees and non-employees driving students must be approved as an "AUTHORIZED DRIVER". To become an "AUTHORIZED DRIVER" you must be approved by the School Principal/Manager and only drive when a small number of students and/or short distances are involved. For trips outside NS approval must be obtained from the Regional Executive Director or Coordinator of Transportation. Seat belt capacity must not be exceeded. Principals/Managers shall keep a copy of the "AUTHORIZED DRIVER's" operators licence for rentals and if driver using own vehicle copies of operators licence, vehicle insurance policy (MUST HAVE \$2 Million PL/PD) and vehicle inspection slip. No drivers under the age of 19 are permitted or newly licensed drivers. "AUTHORIZED DRIVERS" who are not employed by the Regional Centre MUST use Enterprise Insurance Coverage. Employees are covered under the Regional Centre's Insurance policy for the Regional Centre related events. SEE "NON-BOARD OWNED VEHICLES" POLICY #500.9 FOR DETAILS.

SOUTH SHORE REGIONAL CENTRE FOR EDUCATION

CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS			2. INSURED'S FULL NAME AND MAILING ADDRESS		
Enterprise Car Rental			Nova Scotia School Insurance Exchange,		
209 Aerotech Drive, Unit 1			including South Shore Regional Centre for		
			Education, 69 Wentzell Drive		
Enfield	NS	POSTAL CODE B2T 1K3	Bridgewater	NS	POSTAL CODE B4V 0A2
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)					
SIP-0060					

4. COVERAGES

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 requirements, terms or conditions 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 terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES				COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE - EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS AGGREGATE <input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY MEDICAL PAYMENTS TENANTS LEGAL LIABILITY POLLUTION LIABILITY EXTENSION NON OWNED AUTOMOBILE		
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	Sovereign General Insurance Services, Inc. NCAB503045	2019/04/01	2020/04/01	BODILY INJURY AND PROPERTY DAMAGE COMBINED BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE EACH OCCURRENCE AGGREGATE		2 000 000
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>						
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 0 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS			7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)		
Arthur J. Gallagher Canada Limited					
181 University Avenue, Suite 1200					
Toronto	ON	POSTAL CODE M5H 3M7			
BROKER CLIENT ID:			POSTAL CODE		
8. CERTIFICATE AUTHORIZATION					
ISSUER: Arthur J. Gallagher Canada Limited			CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE: Mark Williams			TYPE: Phone NO. 416-620-8030 TYPE: NO.		
			TYPE: Fax NO. 416-620-1454 TYPE: NO.		
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>M. Williams</i>			DATE: 2019/03/29 EMAIL ADDRESS: taras_slys@ajg.com		