

# The Throne Depot

10 Green Street, Woburn, MA 01801  
800-404-4038—FAX: 781-938-0443

Site Number: \_\_\_\_\_ Notification Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Job/Site Reference: \_\_\_\_\_

## Damage Waiver Terms and Conditions

*Damage waiver is only available on the following units: Standard Portable Restrooms;  
List price of a unit \$898.00—\$1,500.00*

THE THRONE DEPOT (Lessor) will modify the standard rental agreement as follows: “In consideration of a \$10.00 monthly surcharge per eligible portable restroom: (A) Lessee is relieved of responsibility for theft or damage to rented portable restroom owned by Lessor, with the exception of a \$100.00 deductible per unit, per incident; (B) The Lessee agrees to provide the Lessor, with a copy of a police report of said theft or damage (if a result of vandalism) within seven days of occurrence; (C) Lessee agrees that all eligible equipment on Job Site will be covered with a damage waiver; (D) This Damage Waiver does not relieve the Lessee of any extra costs incurred in the removal, testing, and disposal of any and all types of foreign matter or objects that may be put in the holding tank of the portable restroom. Foreign matter or objects are defined as anything other than domestic sewage (examples could be, but not limited to: gypsum, oil, paint, gravel, magazines, dead animals, clothes, etc.); (E) This damage Waiver does not relieve the Lessee of responsibility for damages because of the willful negligence or indifference of the Lessee; (F) Lessor reserves the right to refuse and/or revoke at any time the Damage Waiver due to a high risk or high loss location.

If the Damage Waiver Agreement is DECLINED, Lessee agrees to accept the terms and conditions of the **STANDARD RENTAL AGREEMENT**. If we do not receive this signed form within fourteen (14) days of above notification date, Lessee will be automatically enrolled in our Damage Waiver program.

### **WE HEREBY DECLINE THE DAMAGE WAIVER PROGRAM**

**\*\*THE SIGNER OF THIS AGREEMENT ACKNOWLEDGES THAT HE OR SHE HAS THE AUTHORITY TO BIND THE PARTIES TO THIS AGREEMENT\*\***

SIGNED: \_\_\_\_\_ COMPANY (LESSEE): \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

- Check this box if you would like this form declining the damage waiver program to apply to all future job sites, through December 31, 20\_\_.

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