RO#_____

Loaner Vehicle Assignment of Liability Agreement

This agreement pertains to the following described loaned vehicle:

Year: _____ Make:_____ Model: _____ Color: _____

I hereby entirely assume sole and absolute responsibility and liability for any damage to the Vehicle described above and owned by Peerless Automotive Reconditioning and for any and all damages, loss, expense, fee and/or claim resulting from or relating to the operation of said vehicle while it is in my possession or under my control. I acknowledge that the present exterior condition of the vehicle is as shown below. I agree to return the vehicle within 1 business day of notification of completion of my vehicle's repairs or pay an additional $150 per day from that point forward for storage of my repaired vehicle. _____ **Initial**

Current Fuel Level is |F----|---1/2---|----E|

I agree to return the vehicle with the same fuel level that is marked above or be charged $5.00 per gallon needed to match the outgoing fuel level. I also agree that I am at least 25 years of age, and that I will not allow the vehicle to be loaned, rented or driven by any other person and will not go beyond a 50 mile radius of Peerless Automotive. _____ **Initial**

I agree not to smoke in the vehicle or operate the vehicle while under the influence of alcohol or drugs and will operate the vehicle in a safe and legal manner at all times. _____ **Initial**

I have motor vehicle liability insurance coverage which complies with the State of Kansas minimum liability requirements and is sufficient to provide primary first vehicular coverage against any and all losses, damages, expense, fee and/or claim and hereby agree to indemnify and hold Peerless Automotive harmless from and against any and all losses, claims, damages, expenses and/or fees, including attorney's fees, related to my possession of said vehicle while it is in my possession or under my control, regardless of fault. _____ **Initial**

I will not use this vehicle for delivery or ride share services. _____ **Initial**

Borrower Information:

Name _____

Address _____

City _____ Zip _____

Email: _____ Cell: _____

Other Phone: _____ Dr. Lic. # _____

Insurance Company _____

Policy Number _____

Agent _____ Expiration ___/___/___ ____

Customer Signature _____

Manager Signature _____

Date Out __/__/__ Return Date __/__/__

(Copy for Customer when completed)

Beginning Condition
X = Dent -- = Scratch 0=Missing
Customer Initial _____

Return Condition
X = Dent -- = Scratch 0=Missing
Customer Initial _____