

**LEHIGH UNIVERSITY
PROPERTY MANAGEMENT -- LOAN FORM**

The objects listed below are loaned to:

_____ (name of borrowing institution)

_____ (contact person – please print name)

_____ (street address)

_____ (city/state/zip)

_____ (telephone / fax)

for the period _____ through _____

for the purpose of _____

Approved by: _____

Department Chair / Supervisor Signature

Print Name

Date

EQUIPMENT TO BE LOANED: (use additional pages as needed to list objects)

<u>Asset Number</u>	<u>Serial Number</u>	<u>Description</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LEHIGH UNIVERSITY EQUIPMENT: Borrower shall at all times take good care of Lehigh’s equipment, and shall cause no waste or injury to any of it, reasonable wear and tear excepted. User shall be responsible for any damage to or loss or theft of Lehigh’s equipment that is attributable to Borrower’s use of the equipment.

INDEMNIFICATION: Borrower shall defend, indemnify and hold harmless Lehigh University and its trustees, officers, employees, students, and agents from and against any and all losses, claims, damages, liability or expense whatsoever (including attorneys’ fees) arising out of Borrower’s use of the equipment (including but not limited to all claims brought by employees, agents, guests, or others within Borrower’s control, supervision, or responsibility).

INSURANCE: Borrower shall obtain and maintain the minimum insurance coverages: Commercial General Liability (CGL) Insurance at a limit of not less than \$1,000,000/occurrence. Borrower shall name Lehigh University as an Additional Insured on required CGL policy.

Proof of insurance shall be evidenced by duly authenticated Certificates of Insurance delivered to Lehigh University at least ten (10) days prior to the use of Lehigh’s equipment. Such Certificate should be sent to the following office:

The Borrower acknowledges that he/she has full power to execute this Agreement and that he/she has read and understands the conditions of the loan.

_____ (Authorized Signature of Borrower)

_____ (Title)

_____ (Date)

PLEASE SIGN AND RETURN THIS FORM TO:

Lehigh University
Property Management Office
524 Brodhead Avenue
Bethlehem, PA 18015
Ph: 610-758-4550 Fax: 610-758-5655

Note: Property Management retains this signed form for two (2) years following the return of the borrowed equipment.