



## 2019 KAWASAKI USER RELATIONS LOAN AGREEMENT FORM

PROGRAMS ADMINISTRATION APPROVAL REQUIRED prior to the dealer's issuance of product to requesting agency.

Loan Program (check one): ☐ JET SKI® watercraft ☒ Side x Side Vehicle

Dealer Number \_\_\_\_\_ Dealership \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email or Fax Number \_\_\_\_\_

### Borrowing Agency Information:

Borrowing Agency WILKINSON COUNTY SHERIFF'S OFFICE  
Address 508 S. ROCK ST. City GEORGETOWN State TX Zip 78628  
Telephone Number 5128648282 Fax Number 5129431393 Email: gkennedy@wilco.org

### DEALER AGREES:

- to provide, at no cost to the Borrowing Agency ("Borrower"), for the borrower's exclusive use, Kawasaki Vehicle(s) for the period specified herein;
- to prepare and service such Kawasaki Vehicle(s) in accordance with manufacturer's specifications prior to delivery to requesting agency;
- to provide basic maintenance under normal conditions of wear on the Kawasaki Vehicle(s) during the loan period at no cost to the borrower unless otherwise specified.

### BORROWING AGENCY AGREES:

- that the Kawasaki Vehicle(s) will be used exclusively for purposes directly related to the agency's mission or role in patrol, enforcement, rescue, or education;
- that the Kawasaki Vehicle(s) will be used exclusively by persons who have received instruction in the proper operation of the Kawasaki Vehicle(s);
- to assure performance of normal and necessary "owner" maintenance, as described in the Owner's Manual for the Kawasaki Vehicle(s), unless such maintenance is, by agreement of dealer, to be performed by dealer;
- to exercise appropriate care to protect the Kawasaki Vehicle(s) from damage or deterioration;
- to pay for repair of damage or deterioration which exceeds normal wear and tear;
- to return the Kawasaki Vehicle(s) to the dealer promptly at the end of the loan period;
- to provide and maintain at its own expense Bodily Injury and Property Damage Liability Insurance covering the use of the Kawasaki Vehicle(s) during the time the vehicle is in the possession of the Borrower, and to submit a Certificate of Insurance to Dealer and Kawasaki within ten (10) business days from receipt of the Kawasaki Vehicle(s);
- to release, hold harmless and indemnify the Dealer, Kawasaki Motors Corp., U.S.A. ("KMC") and all affiliated companies from and against any and all liability by any party, including attorney's fees and expenses, arising out of the use or operation of the loaned Kawasaki Vehicle(s).

NOTE: To ensure that the loan period is not interrupted or canceled, the detailed Letter of Intent from the Borrower on agency's official letterhead, and proof of insurance are required.

| VEHICLE PROVIDED: Please fill in complete VIN/HIN for each unit in dealer inventory; OR Initial here _____ if you want to order unit(s) from KMC (if available) then list the model year and complete model number below.           |            |                               |                                         | FOR KMC OFFICE USE ONLY:    |        |                                 |                                         |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|-----------------------------------------|-----------------------------|--------|---------------------------------|-----------------------------------------|--------------------------------|
|                                                                                                                                                                                                                                     |            |                               |                                         | Status Reviewed By:         |        |                                 | Date:                                   |                                |
| Seq Nbr                                                                                                                                                                                                                             | Model Year | MODEL                         | PLEASE LIST ENTER VIN/HIN FOR EACH UNIT | Y<br>E<br>S                 | N<br>O | NEW INVOICE<br>NUMBER /<br>DATE | KMFC<br>Flooring<br>Payment Due<br>Date | Check If Completed:            |
| 1                                                                                                                                                                                                                                   |            |                               |                                         |                             |        |                                 |                                         | Letter Of Intent received      |
| 2                                                                                                                                                                                                                                   |            |                               |                                         |                             |        |                                 |                                         | Proof of insurance received    |
| 3                                                                                                                                                                                                                                   |            |                               |                                         |                             |        |                                 |                                         | Authorized to release unit(s). |
| 4                                                                                                                                                                                                                                   |            |                               |                                         |                             |        |                                 |                                         | Program Code:                  |
| Check here for intended vessel/vehicle usage: <input type="radio"/> Lifesaving <input type="radio"/> Search and Rescue <input type="radio"/> Other (List):<br><input type="radio"/> Law Enforcement <input type="radio"/> Education |            |                               |                                         |                             |        |                                 |                                         |                                |
| LOAN PERIOD: (Min: 3 Months/<br>90 days; Max: 11 Months/335 days)                                                                                                                                                                   |            | Start Date of<br>Loan Period: |                                         | End Date of<br>Loan Period: |        |                                 |                                         |                                |

This agreement shall take effect when signed by authorized representatives of the dealer and the borrower.  
The undersigned is authorized to execute this agreement on behalf of the Borrower.

|                               |                                |       |
|-------------------------------|--------------------------------|-------|
| DEALER SIGNATURE              | NAME & TITLE<br>(PLEASE PRINT) | DATE: |
| BORROWING AGENCY<br>SIGNATURE | NAME & TITLE<br>(PLEASE PRINT) | DATE: |

For complete program details and guidelines, see Sales Bulletin 19-06 ALL dated March 28, 2019  
Questions? CALL (949) 770-0400 Extension #2716 to reach Kawasaki Programs Administration

DEALER: Mail, FAX (949-460-5586) or email (ProgramsAdmin@kmc-usa.com) all required documents to KMC.

March 28, 2019

Kawasaki Motors Corp., U.S.A. • ATTN: Programs Administration • P.O. Box 25252 • Santa Ana • CA 92799-5252



Tim Ryle  
Chief Deputy

**Robert Chody**  
WILLIAMSON COUNTY SHERIFF  
508 South Rock Street  
Georgetown, Texas 78626  
Phone (512) 943-1300 \* Fax (512) 943-1444

Roy Fikac  
Asst Chief Deputy- Law Enforcement

Randolph Doyer  
Asst Chief Deputy - Corrections

Mr. Ethan Williams,

Thank you for the time and information regarding your Law Loan program. The Williamson County Sheriff's Office will use the side by side vehicle for numerous functions, including, but not limited to:

1. Search and Rescue of missing children, elderly, other individuals
2. Demo's at community events i.e. National Night Out, Haunted Jail, Brown Santa, etc
3. Transportation at large or extended crime scenes for personnel
4. Park and Lake patrols
5. Parades
6. Any other event or call that would benefit the community of Williamson County

Thank you for your support of law enforcement and Williamson County.

Very Respectfully,

Lt. Grayson Kennedy  
Williamson County Sheriff's Office  
Georgetown, Tx



TEXAS LIABILITY INSURANCE CARD

Insurance Company  
TEXAS PUBLIC ENTITY GROUP  
800-238-6225

Name and Address of Insured  
WILLIAMSON COUNTY

Policy Number  
H-810-8N138384-TIL-19

100 WILCO WAY STE HR101  
GEORGETOWN TX 78626  
Effective Date 10-01-19  
Expiration Date 10-01-20

Agent  
LEE INSURANCE AGENCY INC  
(281)812-8400

Year Vehicle Make/Model  
ALL OWNED OR LEASED VEHICLES VIN

This policy provides at least the minimum amount of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

CAIDTX Rev. 12-06

TRAVELERS

TEXAS LIABILITY INSURANCE CARD

Insurance Company  
TEXAS PUBLIC ENTITY GROUP  
800-238-6225

Name and Address of Insured  
WILLIAMSON COUNTY

Policy Number  
H-810-8N138384-TIL-19

100 WILCO WAY STE HR101  
GEORGETOWN TX 78626  
Effective Date 10-01-19  
Expiration Date 10-01-20

Agent  
LEE INSURANCE AGENCY INC  
(281)812-8400

Year Vehicle Make/Model  
ALL OWNED OR LEASED VEHICLES VIN

This policy provides at least the minimum amount of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

CAIDTX Rev. 12-06

TRAVELERS

TARJETA DE SEGURO RESPONSABILIDAD DE TEXAS

Compañía de Seguro  
TEXAS PUBLIC ENTITY GROUP  
800-238-6225

Nombre y Dirección del Asegurado  
WILLIAMSON COUNTY

Número de Póliza  
H-810-8N138384-TIL-19

100 WILCO WAY STE HR101  
GEORGETOWN TX 78626  
Fecha Efectiva 10-01-19  
Fecha de Expiración 10-01-20

Agente:  
LEE INSURANCE AGENCY INC  
(281)812-8400

Año Marca de Vehículo/Modelo  
ALL OWNED OR LEASED VEHICLES VIN

Esta póliza provee por lo menos la cantidad mínima de seguro de responsabilidad requerida por ley (Texas Motor Vehicle Safety Responsibility Act) para el vehículo especificado y para los asegurados nombrados, y puede proveer cobertura para otras personas y otros vehículos según provisto en la póliza de seguro.

CAIDTX Rev. 12-06

TRAVELERS

TARJETA DE SEGURO RESPONSABILIDAD DE TEXAS

Compañía de Seguro  
TEXAS PUBLIC ENTITY GROUP  
800-238-6225

Nombre y Dirección del Asegurado  
WILLIAMSON COUNTY

Número de Póliza  
H-810-8N138384-TIL-19

100 WILCO WAY STE HR101  
GEORGETOWN TX 78626  
Fecha Efectiva 10-01-19  
Fecha de Expiración 10-01-20

Agente:  
LEE INSURANCE AGENCY INC  
(281)812-8400

Año Marca de Vehículo/Modelo  
ALL OWNED OR LEASED VEHICLES VIN

Esta póliza provee por lo menos la cantidad mínima de seguro de responsabilidad requerida por ley (Texas Motor Vehicle Safety Responsibility Act) para el vehículo especificado y para los asegurados nombrados, y puede proveer cobertura para otras personas y otros vehículos según provisto en la póliza de seguro.

CAIDTX Rev. 12-06

TRAVELERS

## TEXAS LIABILITY INSURANCE CARD

Keep this card.

**IMPORTANT:** This card or a copy of your insurance policy must be shown when you apply for or renew your:

- Motor vehicle registration
- Driver's license
- Motor vehicle safety inspection sticker.

You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

### IN CASE OF AN ACCIDENT

Call Travelers immediately.  
1-800-238-6225  
24 HOUR CLAIM REPORTING SERVICE

CAIDTX (Back)

## TEXAS LIABILITY INSURANCE CARD

Keep this card.

**IMPORTANT:** This card or a copy of your insurance policy must be shown when you apply for or renew your:

- Motor vehicle registration
- Driver's license
- Motor vehicle safety inspection sticker.

You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

### IN CASE OF AN ACCIDENT

Call Travelers immediately.  
1-800-238-6225  
24 HOUR CLAIM REPORTING SERVICE

CAIDTX (Back)

## TARJETA DE SEGURO DE RESPONSABILIDAD DE TEXAS

Guarde esta tarjeta.

**IMPORTANTE:** Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- Registro de vehículo de motor
- Licencia para conducir
- Etiqueta de inspección de seguridad para su vehículo.

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.

Todo los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y su registro de vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de \$15 por día).

### EN CASO DE UN ACCIDENTE

Téléphono Travelers inmediatamente.  
1-800-238-6225  
24 HORA SERVICIO PARA RECLAMAR

CAIDTX (Back)

## TARJETA DE SEGURO DE RESPONSABILIDAD DE TEXAS

Guarde esta tarjeta.

**IMPORTANTE:** Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- Registro de vehículo de motor
- Licencia para conducir
- Etiqueta de inspección de seguridad para su vehículo.

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.

Todo los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y su registro de vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de \$15 por día).

### EN CASO DE UN ACCIDENTE

Téléphono Travelers inmediatamente.  
1-800-238-6225  
24 HORA SERVICIO PARA RECLAMAR

CAIDTX (Back)