

OFF-CAMPUS USE AGREEMENT AND AUTHORIZATION

Effective Date: _____ Termination Date: _____ (1 yr. maximum)
 >>> **Must be renewed annually - Notify Asset Management when equipment is returned** <<<<

User's Name: _____ Department Name: _____
 Department # _____ CB# _____ Department/User Phone # _____

ALL RISK INSURANCE IS PROVIDED BY: _____ *
 (Department or User)

Item Description	Item Serial #	UNC-CH Capitalized Equipment Decal/Bar code#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I acknowledge receipt of the item(s) described above for off-campus University business.

I agree to use the item(s) according to the following conditions:

- The equipment will be used solely and exclusively for official University business except as provided by ACT Policy 26.
- The equipment will be located at _____
- Unless otherwise provided, I am responsible for transportation and installation costs.
- Unless indicated above (*) that all-risk insurance is provided on the equipment by a University department. I hereby agree to provide UNC-CH all-risk replacement cost insurance protection for the above described equipment while same is being used off-campus by me or on my behalf. I understand that I am personally responsible for all damages or destruction to said equipment, whether or not coverage is secured through an insurance carrier. I further understand and agree that this acceptance of responsibility includes, but is not limited to any damages to, or destruction of, the equipment resulting from my personal acts, those of my agents, employees, or any other person at, or on, the equipment location premises with my permission. Damage or destruction will be reported to THE UNC-CH Insurance & Risk Management Division no later than the beginning of the next workday following knowledge of such damage or destruction. All reimbursement for damages or destruction of the said equipment shall be due and payable to The University of North Carolina at Chapel Hill as soon as reasonably possible.
- I understand The University may accept no responsibility for injury (including death) of damage suffered by anyone (including myself) as a result of the presence of the equipment, whether said injury or damage results from the use or condition of the equipment or any cause. I further agree to indemnify, defend, and save The University harmless against any claims for such injury or damage as described.
- I will return the equipment by the termination date shown above or, if appropriate, request a renewal of this agreement. Furthermore, I agree that The University may demand return of the equipment upon the following conditions:
 - Termination of my employment with The University
 - Loss of supporting funds for the research or purpose for use of equipment
 - Any other condition deemed necessary by The University.

IN WITNESS WHEREOF, the parties have caused this instrument to be signed as of the day and year first written above.

USER: _____ DEPARTMENT HEAD: _____

FOR AND ON BEHALF OF THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

 CAPITAL ASSET MANAGER

Documentation Distribution:

- | | |
|--------------------------------------|--------------------------------------|
| 1. Asset Management Department _____ | 2. Department Head _____ |
| 3. User _____ | 4. Insurance & Risk Management _____ |