



Mid Valley General Agency LLC  
 3400 State Street #G-740, Salem, OR 97301  
 Phone: 888-565-7001 ♦ Fax: 888-265-7353  
 www.midvalleyga.com

### Contractors Equipment Rental General Liability Application

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_  
 Web Site Address \_\_\_\_\_

Agency Name \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Phone \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Company  Other (Specify): \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements		Total
Deductible	\$	\$

- How long has applicant been in business?** \_\_\_\_\_ Yrs. How many years experience? \_\_\_\_\_ Yrs.
- Radius of operations from the main location?** \_\_\_\_\_ Miles
- Estimated annual:** A) Payroll \$ \_\_\_\_\_ B) Gross receipts \$ \_\_\_\_\_
- Total number of employees:** \_\_\_\_\_  
 Does applicant have Workers' Compensation coverage in force? .....  Yes  No
- Any work subcontracted?** .....  Yes  No  
 If yes, give details: \_\_\_\_\_  
 Cost of subcontractors: \$ \_\_\_\_\_ Are Certificates of Insurance required? .....  Yes  No

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6. **List equipment being rented** (if available, attach Equipment Schedule): \_\_\_\_\_  
\_\_\_\_\_
7. **Describe work being done:** \_\_\_\_\_  
\_\_\_\_\_
8. **If residential work is done, state percentage of work involving new versus existing construction:**  
New: \_\_\_\_\_% Existing: \_\_\_\_\_%  
Any work involving residential tract developments? .....  Yes  No  
State percentage of work involving tract developments versus custom homes. Tract: \_\_\_\_\_% Custom: \_\_\_\_\_%
9. **Is all equipment rented with operator?** .....  Yes  No  
If any equipment is rented without operator, a copy of the contract is required.  
Do any operators ever run the jobs? .....  Yes  No  
Does applicant bid on jobs? .....  Yes  No  
Do any jobs last longer than 30 days? .....  Yes  No
10. **Does applicant have a contractor's license?** .....  Yes  No  
If yes, state type of license: \_\_\_\_\_
11. **Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines?** .....  Yes  No  
Explain: \_\_\_\_\_  
\_\_\_\_\_
12. **Is all self-propelled mobile equipment transported to job site on trailers?** .....  Yes  No  
Explain: \_\_\_\_\_  
\_\_\_\_\_
13. **If shoring is required on a job, does applicant employ OSHA-approved equipment and techniques?** .....  Yes  No  
Explain: \_\_\_\_\_  
\_\_\_\_\_
14. **Does applicant hold other persons' property for service, storage or repair?** .....  Yes  No  
Explain: \_\_\_\_\_  
\_\_\_\_\_
15. **If renting a water truck(s), is(are) the vehicle(s) licensed?** .....  Yes  No  
If yes, give name of auto insurance carrier and limits of liability: \_\_\_\_\_  
Please provide make, year and VIN for each water truck: \_\_\_\_\_  
\_\_\_\_\_
16. **Any snow plowing operations?** .....  Yes  No
17. **Any removal of underground fuel tanks?** .....  Yes  No  
Any work on hillsides or slopes? .....  Yes  No  
Any mining? .....  Yes  No  
Any oil field work? .....  Yes  No  
Any earthen dam construction? .....  Yes  No  
Does the applicant use explosives? .....  Yes  No

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Excavation/grading of land on a contract basis?.....  Yes  No

18. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri).....  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.  See loss run attached

YEAR	COMPANY	POLICY NUMBER	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

**SCHEDULE OF HAZARDS**

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./Ops.	Products	Prem./Ops.	Products

19. Does applicant have any other business ventures for which coverage is not requested?.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_  
\_\_\_\_\_

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This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

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— IMPORTANT NOTICE —

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.