# CONTRACTORS EQUIPMENT RENTAL GENERAL LIABILITY APPLICATION

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| Applicant’s Name:              Mailing Address:              Location Address:               | Agency Name:       Agent No.:       Address:              E-mail:       Phone No.:        |

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Applicant is:** [ ]  Individual [ ]  Corporation [ ]  Partnership [ ]  Joint Venture

[ ]  Limited Liability Company [ ]  Other (Specify):

**Website Address:**

**E-mail Address:**       **Phone Number:**

**Inspection Contact:**

**E-mail Address:**        **Phone Number:**

**Limits of Liability and Deductible Requested:**

|  |  |
| --- | --- |
| General Aggregate (other than Products/Completed Operations) | $      |
| Products and Completed Operations Aggregate | $      |
| Personal and Advertising Injury (any one person or organization) | $      |
| Each Occurrence | $      |
| Damage to Premises Rented to You (any one premise) | $      |
| Medical Expense (any one person) | $      |
| Other Coverage, Restrictions and/or Endorsements:       | $      |
| Deductible | $      |

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| **1. Describe operations:**       |

**2. How long has applicant been in business?**       Years How many years experience?       Years

**3. Estimated annual:** **a.** Payroll $      **b.** Gross receipts $

**4. Schedule of Hazards:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Loc.No.** | **Classification Description** | **Class.Code** | **Exposure** | **Premium Basis**(s) Gross Sales(p) Payroll(a) Area(c) Total Cost (t) Other |
|     |       |       |       |       |
|     |       |       |       |       |
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**5. Does applicant sell secondhand equipment?** [ ]  Yes [ ]  No

If yes, advise gross sales: $

**6. Does applicant rent the following?**

Air pressure tanks [ ]  Yes [ ]  No

Barricades [ ]  Yes [ ]  No

Cherry pickers [ ]  Yes [ ]  No

Compressors [ ]  Yes [ ]  No

Construction dumpsters/containers [ ]  Yes [ ]  No

Cranes in excess of one hundred (100) feet in height [ ]  Yes [ ]  No

Handheld equipment [ ]  Yes [ ]  No

Hod [ ]  Yes [ ]  No

Hoists [ ]  Yes [ ]  No

Ladders [ ]  Yes [ ]  No

Material platforms [ ]  Yes [ ]  No

Medical equipment [ ]  Yes [ ]  No

Pneumatic tools [ ]  Yes [ ]  No

If yes, advise Auto Liability carrier and limits:       $

Scaffolding [ ]  Yes [ ]  No

Scissor lifts [ ]  Yes [ ]  No

Shoring equipment [ ]  Yes [ ]  No

Sidewalk bridges [ ]  Yes [ ]  No

Skyjacks [ ]  Yes [ ]  No

Steam boilers [ ]  Yes [ ]  No

Tower cranes [ ]  Yes [ ]  No

Truck mounted cranes [ ]  Yes [ ]  No

**7. Is all self-propelled mobile equipment transported to job site on trailers?** [ ]  Yes [ ]  No

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| Explain:       |

**8. Does applicant hold other persons’ property for service, storage or repair?** [ ]  Yes [ ]  No

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| Explain:       |

**9. Are water truck(s), rented with or without operator?** [ ]  Yes [ ]  No

If yes, give name of auto insurance carrier and limits of liability:

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| Please provide make, year and VIN for each water truck:       |

**10. If equipment is rented with operator, advise the following:**

**a.** Does applicant have long term jobs in excess of six months? [ ]  Yes [ ]  No

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| If yes, provide details:       |

**b.** Do any operators ever run the jobs? [ ]  Yes [ ]  No

**c.** Does applicant bid on jobs? [ ]  Yes [ ]  No

**d.** Do any jobs last longer than thirty (30) days? [ ]  Yes [ ]  No

**e.** Does applicant have a contractor’s license? [ ]  Yes [ ]  No

If yes, state type of license:

**f.** 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:    %

**g.** Total number of employees:

Does applicant have Workers’ Compensation coverage in force? [ ]  Yes [ ]  No

**h.** Any work subcontracted? [ ]  Yes [ ]  No

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| If yes, give details:       |

Cost of subcontractors: $

Are Certificates of Insurance required? [ ]  Yes [ ]  No

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|  **i.** List equipment being rented (if available, attach Equipment Schedule):       |

 **j.** Does applicant make a thorough study of the subsurface, including identification and marking of existing utility pipes and lines? [ ]  Yes [ ]  No

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| Explain:       |

**k.** If shoring is required on a job, does applicant employ OSHA-approved equipment and
techniques? [ ]  Yes [ ]  No

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| Explain:       |

 **l.** Does applicant engage in any of the following operations?

Dam or levee construction [ ]  Yes [ ]  No

Demolition [ ]  Yes [ ]  No

Dredging [ ]  Yes [ ]  No

Excavation/grading of land on a contract basis [ ]  Yes [ ]  No

Use of explosives [ ]  Yes [ ]  No

Work on hillsides or slopes with a grade in excess of fifteen (15) degrees [ ]  Yes [ ]  No

Mining [ ]  Yes [ ]  No

Oil field work [ ]  Yes [ ]  No

Snow/ice removal [ ]  Yes [ ]  No

Snow plowing on public streets, roads or highways [ ]  Yes [ ]  No

Installation or removal of underground fuel tanks [ ]  Yes [ ]  No

**11. If equipment is rented without operator, advise the following:**

**a.** Does applicant rent any of the equipment noted below?

Backhoes [ ]  Yes [ ]  No

Forklifts [ ]  Yes [ ]  No

Water trucks [ ]  Yes [ ]  No

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| **b.** Please advise details on training and instruction in equipment use provided to the customer:       |

**c.** Please attach Equipment Schedule and copy of rental agreement with hold harmless.

**12. 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

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| If yes, explain:       |

**13. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** [ ]  Yes [ ]  No

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| If yes, describe:       |

**14. Does applicant have any other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

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| If yes, explain and advise where insured:       |

**15. Additional Insured Information:**

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| **Name** | **Address** |
|       |       |
|       |       |
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**16. Prior Carrier Information:**

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| --- | --- | --- | --- |
|  | **Year:**      | **Year:**      | **Year:**      |
| **Carrier** |       |       |       |
| **Policy No.** |       |       |       |
| **Coverage** |       |       |       |
| **Occurrence or Claims Made** |       |       |       |
| **Total Premium** | $      | $      | $      |

17. 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. [ ]  Check if no losses last three years.

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| --- | --- | --- | --- | --- |
| **Date of Loss** | **Description of Loss** | **Amount Paid** | **Amount Reserved** | **Claim Status (Open or Closed)** |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
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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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

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

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|  | IMPORTANT NOTICE |  |
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| 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. |