# 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:**

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| 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:**

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| **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)** |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |

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. | | |