

CONTRACTORS EQUIPMENT RENTAL GENERAL LIABILITY APPLICATION

Name of Applicant: _____

Mailing Address: _____

Location: _____

Applicant is: Individual Partnership Corporation Other

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

1. How long has applicant been in business? _____ Yrs.
 How many years experience? _____ Yrs.
2. Estimated annual:
 - (A) Payroll \$ _____
 - (B) Gross receipts \$ _____
3. Number of employees? _____
 Does applicant lease employees? Yes No
 Does applicant have Workers' Compensation coverage in force? Yes No
4. Any work subcontracted? Yes No
 If yes, give details: _____

 Cost of subcontractors \$ _____
5. List equipment being rented (include maximum boom length for cranes): _____

6. Describe work being done: _____

7. Is all equipment rented with operator? Yes No
 If any equipment is rented without operator, a copy of the contract is required.
8. Does applicant have a contractors license? Yes No
 If yes, state type of license: _____

9. Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines? Yes No
 Explain: _____
10. Is all self-propelled mobile equipment transported to job site on trailers? Yes No
 Explain: _____
11. If shoring is required on a job, does applicant employ OSHA-approved equipment and techniques?..... Yes No
 Explain: _____
12. Does applicant hold other persons' property for service, storage or repair?..... Yes No
 Explain: _____
13. If renting a water truck, is the vehicle licensed? Yes No
 If yes, give name of auto insurance carrier and limits of liability: _____
14. Any removal of underground fuel tanks? Yes No
 Any work on hillsides or slopes?..... Yes No
 Any oilfield work?..... Yes No
 Does the applicant use explosives?..... Yes No

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

15. During the past three years, has any company canceled, declined or refused to issue similar insurance to the applicant? Yes No
 If yes, explain: _____

PRIOR CARRIER INFORMATION					
	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy Number					
Total Premium					

LOSS HISTORY—FIVE YEAR PERIOD

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.

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.

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.

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:

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

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

————— 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.

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