

CONTRACTOR'S EQUIPMENT RENTAL GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Applicant's Name:	Agency Name: Agency Location:
Applicant Mailing Address:	Agent Name:
Applicant Location Address:	Applicant's E-mail Address:
Applicant Website Address:	Applicant's Phone:
PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other (Specify)
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1.	AUDIT CONTACT INFORMATION	
	Contact Name:	
	E-mail address :	Phone Number:

2.	CLASSIFICATION OF RISK check all that apply	
	Contractor's Equipment	
	<input type="checkbox"/> Cranes, derricks, power shovels and equipment incidental thereto- rented to others with operator (11201) <input type="checkbox"/> Cranes, derricks, power shovels and equipment incidental thereto- rented to others without operators (11202) <input type="checkbox"/> Earth moving equipment other than cranes, derricks, power shovels - rented to others with operators (11205) <input type="checkbox"/> Earth moving equipment other than cranes, derricks, power shovels - rented to others without operators (11206) <input type="checkbox"/> Equipment excluding automobiles - rented to others with operators -NOC (11207) <input type="checkbox"/> Equipment - excluding automobiles - rented to others without operators (11208)	<input type="checkbox"/> Hod or material platform hoists and equipment incidental thereto- rented to others with (11209) or without (11210) operators prohibited <input type="checkbox"/> Ladders, scaffolds, scaffolding, sidewalks, bridges, towers and equipment incidental thereto- rented to others (11211) prohibited <input type="checkbox"/> Scaffolds, sidewalks, bridges, hod or material hoist towers - rented to others - installation, repair or removal operations only (11212) prohibited <input type="checkbox"/> Steam boilers, compressors, air pressure tanks, pneumatic tools and equipment incidental thereto- rented to others with operator (11213) <input type="checkbox"/> Steam boilers, compressors, air pressure tanks, pneumatic tools and equipment incidental thereto- rented to others without operator (11214) prohibited

3.	APPLICANT INFORMATION	
a.	Years in business Years of Experience Estimated annual payroll: Estimated annual sales:	

b.	Does applicant have other business ventures for which coverage is not requested? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Does applicant engage in the generation of power, other than emergency back-up power, for own use or sale to power companies? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri.) If yes explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Does applicant hold other persons' property for service, storage or repair? If yes, Explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Does applicant sell second hand equipment? If yes, provide gross sales \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Is all self-propelled equipment transported to job site by trailers? If no, explain exceptions:	<input type="checkbox"/> Yes <input type="checkbox"/> No

4..	EQUIPMENT DETAILS - WATER TRUCK																														
a.	Are water trucks rented? If yes: provide: auto insurance carrier limits	<input type="checkbox"/> Yes <input type="checkbox"/> No																													
b.	Are trucks rented without operator? If yes, SUBMIT and provide details of training and instruction provided to customer:	<input type="checkbox"/> Yes <input type="checkbox"/> No																													
c.	WATER TRUCK SCHEDULE: Make, model, year and VIN of each truck (for additional units attach schedule) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">MAKE</th> <th style="width: 25%;">MODEL</th> <th style="width: 25%;">YEAR</th> <th style="width: 25%;">VIN</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			MAKE	MODEL	YEAR	VIN																								
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5.	EQUIPMENT DETAILS – RENTED WITH OPERATOR	
a.	Does applicant have long term jobs in excess of six months? If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Do any operators ever run the jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

c.	Does applicant ever bid on jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Do any jobs last longer than thirty (30) days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Does applicant have a contractor's license? If yes, provide type of license:	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Does applicant do residential work? If yes, (provide percentage for each) Percent new? % Percent existing? % Percent tract development? % Percent custom homes? %	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Does applicant have workers compensation coverage in place? Number of employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Any work subcontracted? If yes: Cost of Subcontractors:\$ Are certificates of Insurance required? Provide details of subcontracted work:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
i.	Are underground utilities marked prior to digging or grading - REQUIRED	<input type="checkbox"/> Yes <input type="checkbox"/> No
j.	If shoring is required on a job does applicant employ OSHA approved equipment and techniques? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
k.	Additional Operations -check all that apply	
	<input type="checkbox"/> Dam or Levee Construction - Prohibited	<input type="checkbox"/> Installation or removal of underground fuel tanks -Prohibited
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mining – Prohibited
	<input type="checkbox"/> Dredging -Submit	<input type="checkbox"/> Oil field work -Submit
	<input type="checkbox"/> Excavation of land on a contract basis	<input type="checkbox"/> Snow and/or ice removal or plowing operations on public streets, roads or highways - Prohibited
		<input type="checkbox"/> Snow/ice removal
		<input type="checkbox"/> Use of explosives – Prohibited
		<input type="checkbox"/> Work on hillsides or slope with a grade in excess of 15 degrees- Submit
l.	List of equipment rented with operator (Attach schedule if available)	
	MODEL YEAR	TYPE
	MANUFACTURER	MODEL NUMBER
		SERIAL NUMBER OR ID

6..	EQUIPMENT DETAILS – RENTED WITHOUT OPERATOR	
a.	Is equipment rented without operator? If yes, are any of the following rented (check all that apply) <input type="checkbox"/> Backhoes <input type="checkbox"/> Forklifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Are copies of hold harmless and rental agreement attached?	<input type="checkbox"/> Yes REQUIRED <input type="checkbox"/> No

c.	Provide details of training and instruction provided to customer:																																													
d.	EQUIPMENT SCHEDULE: Model year, type, manufacturer, model number and ID or Serial Number (for additional units attach schedule)																																													
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7.	EQUIPMENT DETAILS – SPECIFIC EQUIPMENT - Check all that apply		
	<input type="checkbox"/> Air pressure tanks –rented with operator (rental without operator prohibited)	<input type="checkbox"/> Hod – Prohibited	<input type="checkbox"/> Shoring Equipment -Rental to others prohibited
	<input type="checkbox"/> Barricades – Prohibited	<input type="checkbox"/> Hoists – Prohibited	<input type="checkbox"/> Sidewalk bridges – Prohibited
	<input type="checkbox"/> Cherry pickers – Prohibited	<input type="checkbox"/> Ladders – Prohibited	<input type="checkbox"/> Steam Boilers – rented with operators (rental without operator prohibited)
	<input type="checkbox"/> Compressors –rented with operator (rental without operator prohibited)	<input type="checkbox"/> Material Platforms – Prohibited	<input type="checkbox"/> Tower Cranes – Prohibited
	<input type="checkbox"/> Construction dumpsters and/or containers	<input type="checkbox"/> Pneumatic tools rented with operator (rental without operator prohibited) If checked: Auto liability carrier: Limits:	
	<input type="checkbox"/> Cranes in excess of one hundred (100) feet in height – Submit	<input type="checkbox"/> Scaffolding – Prohibited	<input type="checkbox"/> Truck mounted cranes Auto liability limits:
	<input type="checkbox"/> Handheld equipment	<input type="checkbox"/> Scissor lifts - Prohibited	

8.	SCHEDULE OF HAZARDS				
	Loc. No.	Classification Description	Class Code	Exposure	Premium Basis **
**Premium Basis – choose one: (s) gross sales; (p) payroll; (a) area; (c) total cost; (t) other					

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files 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.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

NEW YORK 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 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 STATEMENT:

I/We hereby declare that the above statements and particulars are true and I/We agree that his application shall be the basis of the contract with the insurance company.

APPLICANT NAME:	APPLICANT TITLE:
APPLICANT'S SIGNATURE _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE: _____	DATE:

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.