



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	\$	

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

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
 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: _____

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: _____

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.