

Equipment Sales and Rental Coverage Application

PLEASE PROVIDE THE FOLLOWING WITH THE COMPLETED APPLICATION:

- ACORD applications with locations
- Rental agreements
- Vehicle list and driver Information, if applicable
- Hard copy, 5-year loss runs

GENERAL POLICY INFORMATION

1. Named Insured: _____
2. Mailing Address: _____
3. Policy Term: _____

EQUIPMENT

Type of equipment rented and sold:

TYPE OF EQUIPMENT	
Construction, Material Handling, Generators, Elevated Work Platforms, Lighting Equipment and similar equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cranes (Complete the Crane Rental section of this application if Yes is selected)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agriculture Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Logging and Land Clearing Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blasting and Mining Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drilling Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: please describe	

LOCATION ADDRESS(ES)

Please provide the following for each location*:

LOCATION	ADDRESS	EQUIPMENT VALUES INSIDE BUILDING	EQUIPMENT VALUES OUTSIDE BUILDING
1.			
2.			
3.			
4.			
5.			

LOCATION	CONSTRUCTION TYPE	YEAR BUILT	SQUARE FOOTAGE	ARE THE LOCATIONS FENCED?	ARE THE FACILITIES EQUIPPED WITH ALARMS; SECURITY CAMERAS; ETC.?	IS THERE LIGHTING AROUND THE FACILITIES?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*For additional locations, please provide an Excel spreadsheet with the pertinent information outlined above.

POLICY LIMITS/DEDUCTIBLES REQUESTED

1. Limit of the Largest Piece of Equipment: \$ _____
2. Total Rental Equipment Revenue: \$ _____
3. Total Equipment for Sale Revenue: \$ _____
4. Total Limit for Employee Tools (\$10,000 included): \$ _____
 - a. Max Any One Employee Tool: \$ _____
 - b. Do the employees take the tools/equipment to their residences? ☐ Yes ☐ No
5. Total of Spare Parts and Fuel: \$ _____
6. Flood Coverage? ☐ Yes ☐ No
 - a. Limit: \$ _____
7. Earthquake Coverage? ☐ Yes ☐ No
 - a. Limit: \$ _____
8. Do you rent or lease from other rental dealers? ☐ Yes ☐ No

If Yes:

 - a. What are the expenditures anticipated for this upcoming? \$ _____
 - b. What is the maximum limit per item needed? \$ _____
9. Do you offer transportation of the equipment for your clients? ☐ Yes ☐ No

If Yes:

 - a. What are the approximate values per year? (percentages are acceptable) \$ _____
 - b. Please provide a vehicle list and copy of driver information.
10. Deductible Requested: \$ _____

RISK MANAGEMENT/MAINTENANCE

1. Do you offer a Damage Waiver? ☐ Yes ☐ No
2. Please provide a copy of your rental agreement with this application.
3. Do you obtain Certificate of Insurance prior to renting equipment? ☐ Yes ☐ No
4. Is there a formal maintenance program for owned equipment? ☐ Yes ☐ No
 - a. If Yes, are records maintained? ☐ Yes ☐ No
 - b. How often do you conduct equipment maintenance? _____

5. Is maintenance for Equipment of Others offered at your facility? ☐ Yes ☐ No
If Yes, what is the anticipated revenue for the upcoming year? \$ _____
6. Does the equipment have security attached? (GPS, etc.) ☐ Yes ☐ No

CRANE RENTAL

1. Do you ever rent cranes to others? ☐ Yes ☐ No
If Yes: ☐ With Operators ☐ Without Operators
2. Are crane operators: ☐ Employees ☐ Union ☐ Temp Leased
3. Describe the crane safety program and provide a copy:

4. Do employees have ongoing training? ☐ Yes ☐ No
If Yes, describe: _____

5. Does the lease agreement require full boom coverage? ☐ Yes ☐ No

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICANT

Name: _____

Position: _____

Signature: _____

Date: _____

AGENT

Name: _____

Position: _____

Signature: _____

Date: _____

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