



EQUIPMENT RENTAL APPLICATION

1. Name of Applicant _____

2. Type of equipment rented _____

3. Does your company rent vehicles? Yes No

If yes, location where vehicles are stored. _____

Security of storage areas, i.e. fencing, lighting, alarms _____

Attach a list of vehicles and indicate which vehicles are rented to others. (Use Acord form)

4. Rental and Sales Receipts for last three years

Year	Sales Receipts	Rental Receipts

5. Estimated Rental and Sales Receipts for the policy term _____

6. Does your company manufacture any products? Yes No If yes, describe.

7. Does your company rent any unique or specialized equipment? Yes No If yes, describe.

8. Do you sell any products? Yes No If yes, describe.

9. Does your company have a rental contract? Yes No If yes, attach a copy.

10. Do you require evidence of liability and property insurance for each rentee? Yes No

Minimum limits required _____

11. Do you request to be added as an additional insured and loss payee on the rentee's insurance? Yes No

12. Is equipment employee operated? Yes No

13. Value per rental: Average _____ Maximum _____

14. Average age of equipment _____

15. Equipment inventory is: Computerized Manual

16. Do you rent vehicles from others? Yes No

If yes, maximum time those vehicles will be in your possession _____

Estimated annual cost of hire _____

17. Regular Driver Information

Full Name	Drivers License	State of Issuance	Date of Birth

18. Limits and Deductibles desired for the following coverages:

Coverage	Limit	Deductible
Owned Equipment	\$ _____	\$ _____
Earthquake/Flood	\$ _____	\$ _____
Property of Others	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Hired Vehicle	\$ _____	\$ _____
Office Equipment & Furnishings	\$ _____	\$ _____
Resumption of Operations	\$ _____	\$ _____
Electronic Data Processing:		
a. Hardware	\$ _____	\$ _____
b. Software	\$ _____	\$ _____
c. Extra Expense	\$ _____	\$ _____
Money and Currency	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
	\$ _____	\$ _____

Signing this application does not bind the Applicant or the Company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

I/We have read the above and agree that to the best of my/our knowledge and belief same fully represents the true statement of facts.

Date _____

Applicant _____

Federal Employer I.D. No. _____

By _____

Title _____

Agent/Broker _____

Address _____

Contact _____ Phone Number _____

PLEASE ATTACH TO ACORD APPLICATION

PRIVACY NOTICE

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for Insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

FRAUD WARNING

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CA

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK

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) *. *Applies in FL Only.

Applicable in KS

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.

Applicable in KY, NY, OH and PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.