

SCOTTSDALE OFFICE:
P.O. Box 14770, SCOTTSDALE, AZ 85267-4770
8475 E. HARTFORD DR., SCOTTSDALE, AZ 85255
PHONE:(480) 991-7889 WATS (800) 848-8860
FAX: (480) 948-1394 TOLL FREE (866) 240-8807



UTAH OFFICE:
P.O. Box 571770, MURRAY, UT 84157-1770
849 W. LE VOY DRIVE, SUITE 230, TAYLORSVILLE, UT 84123
PHONE:(801) 290-1144 WATS (800) 594-8900
FAX (801) 290-1160 TOLL FREE (800) 332-9285

CONTRACTORS EQUIPMENT RENTAL GENERAL LIABILITY APPLICATION

Applicant's Name: _____

Mailing Address: _____

Location Address: _____

Agency Name: _____
Agent No.: _____
Address: _____

E-mail: _____
Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone Number:** _____

Inspection Contact: _____

E-mail Address: _____ **Phone Number:** _____

Limits of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage to Premises Rented to You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverage, Restrictions and/or Endorsements:	\$
Deductible	\$

1. Describe operations: _____

2. How long has applicant been in business? _____ Years How many years experience? _____ Years



3. Estimated annual: a. Payroll \$ _____ b. Gross receipts \$ _____

4. Schedule of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis
				(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

5. Does applicant sell secondhand equipment? Yes No
 If yes, advise gross sales: \$ _____

6. Does applicant rent the following?

- Air pressure tanks..... Yes No
- Barricades..... Yes No
- Cherry pickers..... Yes No
- Compressors Yes No
- Construction dumpsters/containers Yes No
- Cranes in excess of one hundred (100) feet in height..... Yes No
- Handheld equipment..... Yes No
- Hod Yes No
- Hoists Yes No
- Ladders Yes No
- Material platforms Yes No
- Medical equipment..... Yes No
- Pneumatic tools Yes No
- If yes, advise Auto Liability carrier and limits: _____ \$ _____
- Scaffolding Yes No
- Scissor lifts..... Yes No
- Shoring equipment..... Yes No
- Sidewalk bridges..... Yes No
- Skyjacks..... Yes No
- Steam boilers Yes No
- Tower cranes Yes No
- Truck mounted cranes Yes No

7. Is all self-propelled mobile equipment transported to job site on trailers? Yes No

Explain: _____

8. Does applicant hold other persons' property for service, storage or repair? Yes No

Explain: _____

9. Are water truck(s), rented with or without operator? Yes No

If yes, give name of auto insurance carrier and limits of liability: _____

Please provide make, year and VIN for each water truck: _____

10. If equipment is rented with operator, advise the following:

a. Does applicant have long term jobs in excess of six months? Yes No

If yes, provide details: _____

b. Do any operators ever run the jobs?..... Yes No

c. Does applicant bid on jobs?..... Yes No

d. Do any jobs last longer than thirty (30) days?..... Yes No

e. Does applicant have a contractor's license?..... Yes No

If yes, state type of license: _____

f. 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: ____%

g. Total number of employees:..... _____

Does applicant have Workers' Compensation coverage in force? Yes No

h. Any work subcontracted?..... Yes No

If yes, give details: _____

Cost of subcontractors: \$ _____

Are Certificates of Insurance required? Yes No

i. List equipment being rented (if available, attach Equipment Schedule): _____

j. Does applicant make a thorough study of the subsurface, including identification and marking of

existing utility pipes and lines?..... Yes No

Explain: _____

k. If shoring is required on a job, does applicant employ OSHA-approved equipment and

techniques?..... Yes No

Explain: _____

l. Does applicant engage in any of the following operations?

Dam or levee construction Yes No

Demolition Yes No

Dredging Yes No

Excavation/grading of land on a contract basis Yes No

Use of explosives Yes No

Work on hillsides or slopes with a grade in excess of fifteen (15) degrees Yes No



- Mining..... Yes No
- Oil field work..... Yes No
- Snow/ice removal..... Yes No
- Snow plowing on public streets, roads or highways Yes No
- Installation or removal of underground fuel tanks Yes No

11. If equipment is rented without operator, advise the following:

a. Does applicant rent any of the equipment noted below?

- Backhoes..... Yes No
- Forklifts..... Yes No
- Water trucks Yes No

b. Please advise details on training and instruction in equipment use provided to the customer: _____

c. Please attach Equipment Schedule and copy of rental agreement with hold harmless.

12. 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: _____

13. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, describe: _____

14. Does applicant have any other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

15. Additional Insured Information:

Name	Address

16. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium	\$	\$	\$

17. 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. Check if no losses last three 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.

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. (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 have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa 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.