## **Contractors Equipment Rental General Liability Application**

Applicant's Name			Agent Name					
Mailing Address			Address					
Loc	ation	PROPOSED EFFECTIVE DATE:						
		<u> </u>	From 12:01 A M Standard T	To ime at the address of the Applicant				
Λ	alicent is: Undividual Corporation							
Aþ	olicant is: ☐ Individual ☐ Corporation☐ Limited Liability Company		artnership					
	Elimited Elability Germpany		iner (opeony)					
LII	MITS 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				
Мє	edical Expense (any one person)	\$		\$				
Ot	her Coverages, Restrictions, and/or Endorsements			Total				
	Deductible	\$		\$				
1.	How long has applicant been in business?		_ Yrs. How many years ex	perience? Yrs.				
2.	Estimated annual A) Payroll \$		B) Gross receipts \$					
3.	Total number of employees: Does applicant lease employees?							
	Does applicant have Workers' Compensation coverage in force?							
4.	Any work subcontracted?  Yes No If	yes, give	details:					
	Cost of subcontractors: \$		Are Certificates of Insurance	ce required?  Yes  No				
5.	List equipment being rented (if available, attach	Equipme	ent Schedule):					
6.	Describe work being done:							
7.	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 developm	nents vers	sus custom homes. Tract	% Custom%				

	II equipment rented by equipment is rente	-			act is require	d.				
9. Doe:	s applicant have a	contractor's	license? 🗌 Yes	□ No	o If yes, st	ate type of lice	nse:			
	Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines?   Yes  No Explain:									
2. If sh	II self-propelled monoring is required offer Double	n a job, does	applicant emplo	y OSH	A-approved	equipment an	•			
4. If re	s applicant hold ot nting a water truck s of liability:	, is the vehic	le licensed? 🗌 Ye	es 🗆	No If yes	, give name of	•			
Any Any Does	work on hillsides or oil field work? Ye s the applicant use e	slopes?	es	No						
	ing the past three y									
to th	ing the past three y ne applicant? (Not a s Insurer: Indicate	applicable in N	∕lissouri) ☐ Yes	☐ No	If yes, ex	olain:				
to th	ne applicant? (Not a	applicable in N	∕lissouri) ☐ Yes	□ No	If yes, ex	olain:				
to th Previous YEAR	ne applicant? (Not a s Insurer: Indicate	POL. #	(p) Payroll trea (c) Premium Bases: ) Gross Sales Total Cost	□ No	If yes, exee years. Decomposition	olain: scribe all loss LOSSES	ses.	EIPTION		
YEAR  SCHED	ne applicant? (Not a s Insurer: Indicate  COMPANY  DULE OF HAZARDS	POL. #	(p) Payroll (c) Premium Bases:	□ No	If yes, exee years. Decosses PAID	scribe all loss LOSSES RESERVED	DESCR	IPTION		

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.

## 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.

## 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.

APPLICANT'S SIGNATURE	Date
AGENT NAME	AGENT LICENSE NUMBER:
Name and Phone Number of individual to contact for inspection/audit	
As part of our underwriting procedure, a routine inquiry may be made to obtain applicab reputation, personal characteristics and mode of living. Upon written request, additional report, if one is made, will be provided.	le information concerning character, general

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

Contractors Equipment Rental