



# Rental Specialties

## APPLICATION FOR INSURANCE COVERAGE

Policy Eff. Date: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Current Carrier: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Indiv.  Corp.  Part.

Mailing Address: \_\_\_\_\_

New  Renewal

City: \_\_\_\_\_ ST.: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Bus Telephone: \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Fax Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Producer: \_\_\_\_\_ Code: \_\_\_\_\_

Website: \_\_\_\_\_

Assured Number: \_\_\_\_\_

Fed. Empl. ID #: \_\_\_\_\_

Loc. #1 \_\_\_\_\_ Loc. #4 \_\_\_\_\_

Loc. #2 \_\_\_\_\_ Loc. #5 \_\_\_\_\_

Loc. #3 \_\_\_\_\_ Loc. #6 \_\_\_\_\_

BUILDING	Accept <input type="checkbox"/> Reject <input type="checkbox"/>		Value	Sq. Ft.	Yr. Blt.	Construction	Owned/Leased
	Loc. #	Building #					
Loc. #	Building #	_____	_____	_____	_____	_____	_____
Loc. #	Building #	_____	_____	_____	_____	_____	_____
Loc. #	Building #	_____	_____	_____	_____	_____	_____
Loc. #	Building #	_____	_____	_____	_____	_____	_____
Loc. #	Building #	_____	_____	_____	_____	_____	_____
Loc. #	Building #	_____	_____	_____	_____	_____	_____

Co Ins. \_\_\_\_\_ Ded. \_\_\_\_\_ ACV  or Replacement Cost\*  \*If over 30 years old complete a renovation supplement

If number of stores is greater than one, % occupied less than 100%, or distance between buildings less than 100 feet, explain: \_\_\_\_\_

If replacement cost coverage desired explain how insurance to value was determined. \_\_\_\_\_

**BUSINESS PERSONAL PROPERTY** Accept  Reject  Value: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Co-Ins: \_\_\_\_\_ Ded: \_\_\_\_\_ ACV: \_\_\_\_\_ Replac. Cost: \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**BUSINESS INCOME** Accept  Reject  Amount: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Total Amount: \_\_\_\_\_ # of Months: \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**EXTRA EXPENSE** Accept  Reject  Amount: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Total Amount: \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**COMPUTER COVERAGE (EDP)** Accept  Reject   
Amount of Hardware: \_\_\_\_\_ Loc. of Hardware: \_\_\_\_\_ Description of Hardware: \_\_\_\_\_  
Amount of Software: \_\_\_\_\_ Loc. of Software: \_\_\_\_\_ Description of Software: \_\_\_\_\_  
Extra Expense: \_\_\_\_\_ Are duplicate records kept?  Yes  No Location: \_\_\_\_\_

**APPLICANT:**

**SIGN** Accept  Reject  Amount: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Ded: \_\_\_\_\_ Lettering \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
Building or Pole Mounted? \_\_\_\_\_ Type: \_\_\_\_\_

**FENCE** Accept  Reject  Amount: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Ded: \_\_\_\_\_ Type \_\_\_\_\_ Height \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**ACCOUNTS RECEIVABLE** Accept  Reject  Amount: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Average Monthly Accounts Receivable \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
Duplicate Records Yes No Location \_\_\_\_\_  
If records are kept at one location, show which location coverage is to apply.

**PLATE GLASS** Accept  Reject

Description of Glass: Plate, Door, Transom	Location	Value	Number	Length	Width
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**MISC. PROPERTY** Accept  Reject  Amount: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Coverage Needed \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
Ded: \_\_\_\_\_ Comments \_\_\_\_\_

**EQUIPMENT FLOATER LIMIT** Accept  Reject  Total Limit: \_\_\_\_\_ Blanket: Yes No  
Replacement cost value of all your Rental Inventory ..... 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
Conversion: Yes No  
ACV  Repl. Cost   
Damage Waiver included in Rental Contract: Yes No  
Deductible: \$1,000  \$2,500  \$5,000  Other \_\_\_\_\_

**COMPREHENSIVE CRIME** Accept  Reject

Crime: Money and Securities Broad Form ..	1.	2.	3.	4.	5.	6.
Employee Dishonesty.....	1. _____	2. _____	3. _____	4. _____	5. _____	6. _____
Other:	1. _____	2. _____	3. _____	4. _____	5. _____	6. _____

1. Frequency of Deposits \_\_\_\_\_  
2. Number of Signatures Required on Checks \_\_\_\_\_  
3. Who Reconciles Bank Account? \_\_\_\_\_  
4. Who Signs Checks? \_\_\_\_\_

**UMBRELLA** Accept  Reject   
Umbrella Limit Requested  1 Million  2 Million  3 Million  4 Million  5 Million



**APPLICANT:**

---

**UNDERWRITING INFORMATION:** THIS SECTION MUST BE **FULLY** COMPLETED BEFORE A QUOTATION WILL BE PROVIDED OR BINDING CONSIDERED.

**GENERAL SECTION**

1. Has insurance ever been canceled or non-renewed? Yes No If yes, why? \_\_\_\_\_
2. How many years in rental business? \_\_\_\_\_ If less than 3 years operating **this** business, attach a summary of owner's experience, manager's prior experience, and a financial statement.
3. How long has applicant owned this rental business? \_\_\_\_\_
4. Applicant own or operate any other business other than described? Yes No
5. Any discontinued operations in the last 5 years? Yes No If yes, explain \_\_\_\_\_
6. How many employees? \_\_\_\_\_ Average number of years with applicant \_\_\_\_\_
7. Does applicant have a preventative maintenance program? Yes No  
Are **written** maintenance records kept on each piece of equipment/auto? Yes No
8. Is rentee provided with written and oral operating instructions? Yes No  
If no, why not? \_\_\_\_\_
9. Does applicant require rentee to demonstrate use of the equipment/autos? Yes No
10. Does insured request the following information? Rentee's drivers license number, Yes No; credit card number, Yes No; employer's name and telephone number, Yes No; license plate number of the auto rentee arrived in, Yes No; in California the insurance agent's name and address, Yes No.
11. Does the rental agreement stipulate the rentee is responsible for damage or theft? Yes No; rentee must return equipment/auto to applicant and have applicant knowledge in writing that equipment/auto returned? Yes No.
12. Does applicant repair equipment of others? Yes No  
If yes, please comment \_\_\_\_\_

**PROPERTY SECTION (COMPLETE THIS SECTION FOR EACH LOCATION)**

1. Are all locations fenced? Yes No Partial  Type: \_\_\_\_\_ Height: \_\_\_\_\_
2. What percentage of the equipment is kept outside overnight? \_\_\_\_\_%
3. Is security lighting provided? Yes No Watchman? Yes No If yes, outside service? Yes No
4. Buildings equipped with burglar alarms? Yes No Central Station? Yes No
5. Buildings equipped with fire alarms? Yes No Buildings Sprinklered? Yes No
6. What is the distance to the nearest fire station? \_\_\_\_\_ Fire Hydrant? \_\_\_\_\_
7. Are fire extinguishers located on the premises? Yes No Date of last service? \_\_\_\_\_
8. What is the average age of the equipment? \_\_\_\_\_
9. List the six highest valued rental items, their value and age:  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_
10. Occupancy of buildings within 100 feet? \_\_\_\_\_
11. Are there any other occupants at the applicant's location? Yes No If yes, explain \_\_\_\_\_

**LIABILITY SECTION**

1. Are powder actuated guns rented? Yes No If yes, how many? \_\_\_\_\_ Receipts \$ \_\_\_\_\_  
Operators license required? Yes No Testing Facility on Premises? Yes No  
Are these low velocity only? Yes No
2. Are tents or canopies rented? Yes No Any over 20' x 30'? Yes No  
If yes, list sizes and number and age. \_\_\_\_\_
3. Are any recreational vehicles rented — including snowmobiles, mopeds, motorcycles, 3-wheel/4-wheel all terrain, mobile/motorhomes? Yes No

**APPLICANT:**

---

**LIABILITY SECTION** (continued)

4. Any sports equipment rented—including ski rentals? Yes No
5. Are motor boats or jet skis rented? Yes No H.P. of largest motor \_\_\_\_\_ Any canoes rented? Yes No
6. Any oil wells, gas drilling, mining, logging, or construction elevator equipment rented? Yes No
7. Does applicant rent scaffolding or ladders? Yes No Receipts? \_\_\_\_\_  
Do they erect scaffolding? Yes No
8. Does applicant rent any personal lifts? Yes No If yes, number rented \_\_\_\_\_ Receipts \_\_\_\_\_
9. Is any Equipment rented with operators? Yes No If yes, describe: \_\_\_\_\_
10. Any modifications made to equipment? Yes No If yes, \_\_\_\_\_
11. Any manufacturing operations or spray painting on the premises? Yes No
12. Does applicant have any fuel tanks Yes No If yes, are there barricades surrounding these tanks? Yes No
13. Any guard dogs? Yes No If yes, where are the dogs kept during business hours? \_\_\_\_\_
14. Who repairs the equipment? \_\_\_\_\_
15. Does applicant rent any inflatables? Yes No Receipts ? \_\_\_\_\_

**AUTOMOBILE SECTION**

1. Does applicant rent trailers? Yes No If yes, how many? \_\_\_\_\_ Receipts from rental trailers \_\_\_\_\_
2. Does applicant rent trucks? Yes No If yes, how many? \_\_\_\_\_ Receipts from rental trucks \_\_\_\_\_
3. Does applicant ask rentee what the trailer will carry? Yes No
4. Proper tie-down straps provided for trailers? Yes No
5. Load capacity and trailer maximum speed limit visible on all trailers? Yes No
6. Are any autos or trailers sold? Yes No
7. Does the rental operation have its own repair/service facility? Yes No  
If yes, are the facilities open to the public? Yes No
8. Are autos, trailers, boats, etc. of others stored? Yes No
9. Does the applicant have any one-way rentals (U-Haul, Ryder, etc.) Yes No
10. Indicate ages of employees driving service/delivery units:  
Under 18  18–25  26–65  Over 65
11. Is a driver application form completed for each employee that drives a service/delivery unit? Yes No  
Are their MVR's checked? Yes No
12. Does any employee have a major driver violation — D.W.I./Reckless? Yes No
13. Are any vehicles used for personal use? Yes No If yes, state which vehicle and who will operate vehicle — including spouses and children. Also list the age of each operator.
14. Does applicant rent cranes and/or truck cranes Yes No If yes please attach Crane Supplement.
15. Do employees use personal vehicles for company business? Yes No
16. Does applicant own or rent any vehicles not included in the vehicle list? Yes No If yes, vehicles must be scheduled.
17. Do you have a written policy for the use of a cellular telephone on the job? Yes No

**ATTACHMENTS**

A copy of the Rental Agreement **must** be attached to the application. If applicable, attach a list of all drivers, the driver's home state, birthdates, and license numbers. Include driver's social security number for drivers located in Nevada. Include all employees **and** individuals using autos for personal use. If new business application, please attach five (5) years of insurance company loss runs.

**ADDITIONAL COMMENTS:**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

