



**CONTRACTORS EQUIPMENT RENTAL  
GENERAL LIABILITY APPLICATION**

**APPLICANT INFORMATION**

<b>NAME:</b>	
<b>MAILING ADDRESS:</b>	
<b>PROPOSED EFF DATE:</b>	<b>WEBSITE:</b>
<b>FROM:</b>	<b>TO:</b>
<b>FORM OF BUSINESS:</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	<b>YEARS IN BUSINESS</b>

**PREMISES INFORMATION**

LOC#	BLD#	STREET, CITY, STATE, ZIP CODE	INTEREST	YR BUILT	PART OCCUPIED

**DESCRIPTION OF OPERATIONS BY PREMISE(S)**

**PRIOR CARRIER INFORMATION**

CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:
CARRIER				
POLICY NUMBER				
POLICY TYPE	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ.	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ.	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ.	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ.
RETRO DATE	/ /	/ /	/ /	/ /



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**PRIOR CARRIER INFORMATION -- continued**

CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:
GENERAL LIABILITY LIMITS				
E & O LIMITS				
TOTAL PREMIUM				

**LOSS HISTORY**

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS						
<input type="checkbox"/> CHECK HERE IF NONE <input type="checkbox"/> SEE ATTACHED LOSS SUMMARY						
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	OPEN/ CLOSED

**COVERAGES**

**LIMITS**

<input type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retroactive Date:	<b>GENERAL LIABILITY</b>
	Each Occurrence Limit \$
<input type="checkbox"/> <b>PROFESSIONAL LIABILITY</b> <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retroactive Date:	Damage To Premises Rented To You Limit \$
	Medical Expense Limit \$
	Personal and Advertising Injury Limit \$
<b>DEDUCTIBLE - PER CLAIM</b> General Liability (PD & BI) \$ Errors and Omissions* \$  *Minimum \$1,000 under program	General Aggregate Limit \$
	Products/Completed Operation Aggregate Limit \$
	<b>ERRORS OR OMISSIONS</b>
	Each Claim \$
Other Coverages	



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**SCHEDULE OF HAZARDS**

Location #	Classification	Class Code	Premium Basis	Terr

**GENERAL INFORMATION**

Explain all "YES answers"	YES	NO
1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any exposure to flammables, explosives or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?	<input type="checkbox"/>	<input type="checkbox"/>
6. Estimated annual <ul style="list-style-type: none"> <li>A) Payroll \$ _____</li> <li>B) Gross receipts from leasing \$ _____</li> <li>C) Gross receipts from sale of any NEW equipment \$ _____</li> <li>D) Gross receipts from sale of any USED equipment \$ _____</li> <li>E) Terms of sale of USED equipment "as is" _____; reconditioned or refurbished _____</li> </ul> Attach a copy of the sales agreement		
7. Total number of employees: _____ Does applicant lease employees? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Does applicant have Workers' Compensation coverage in force? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
8. Any work subcontracted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____  Cost of subcontractors \$ _____ Are Certificate of Insurance required? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		



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### GENERAL INFORMATION continued

9.	List equipment being rented (if available, attach Equipment Schedule):	
10.	Percentage of equipment rented to: homeowners _____; commercial/industrial clients _____.	
11.	Is any equipment rented with operator? If any equipment is rented without operator, a copy of the contract is required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Do written contracts include hold harmless wording in favor of the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Describe the applicant's procedure for providing instructions for proper use of equipment to be rented:	
14.	Describe work being done if equipment is rented WITH operators:	
15.	Describe the applicant's procedures for inspection and maintenance of equipment to be rented and the security of the storage yard:	
16.	Is all self-propelled equipment transported to the job site on trailers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Does applicant hold other person's property for service, storage or repair? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	If renting a water truck, is the vehicle licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of auto insurance carrier and limits of liability:	



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GENERAL INFORMATION continued

Form with 4 rows of questions (19-22) and a Remarks section. Questions include: 'Does applicant have any rigging exposures?', 'Does applicant do any rental or leasing of steam boilers?', 'Does the applicant use cranes or hoists with over a 50 foot boom length?', and 'Does applicant have a contractors license?'. Each question has 'Yes' and 'No' checkboxes.

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated.

Signature of Applicant\*: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Producer Code: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signing this application does not bind the applicant or the company to complete the insurance.



**Delaware Valley Underwriting Agency, Inc.**

**ADDENDUM TO APPLICATION**

Insured's/Applicant's Name: \_\_\_\_\_

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

**APPLICABLE IN THE STATE OF PENNSYLVANIA:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

**APPLICABLE IN THE STATE OF NEW YORK:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

**APPLICABLE IN ALL OTHER STATES:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

**I have read and accept the above (To be signed by the Insured/Applicant)**

\_\_\_\_\_  
Insured/Applicant Signature

\_\_\_\_\_  
Date