

EQUIPMENT RENTAL SUPPLEMENTAL QUESTIONNAIRE



PREPARATION INSTRUCTIONS

- 1) ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTIONS IS NONE, PLEASE STATE NONE.
- 2) APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.
- 3) BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION.
- 4) THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.

1. APPLICANT INFORMATION

A) NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS)

B) LIST ALL APPLICANTS' WEB SITES:

2. DESCRIPTION OF OPERATIONS

A) HOW LONG HAS BEEN IN BUSINESS (YEARS)? _____

B) HOW LONG HAS CURRENT MANAGEMENT BEEN IN PLACE (YEARS)? _____

C) RADIUS OF OPERATIONS (MILES)? _____

D) NUMBER OF FULL TIME EMPLOYEES? _____ NUMBER OF PART TIME EMPLOYEES: _____

E) IS INSURED CERTIFIED BY AN OUTSIDE ORGANIZATION (I.E. AED) (Y/N)? _____

WHAT IS THE NAME OF THE ORGANIZATION? _____

F) ARE YOU A MEMBER OF ANY ASSOCIATION (i.e. ARA, SIA & AED) (Y/N)? _____

IF YES, WHAT IS ITS NAME? _____

3. SPECIFIED PRODUCTS AND SERVICES

A) ONLY THOSE PRODUCTS AND SERVICES SPECIFIED BELOW WILL BE CONSIDERED FOR COVERAGE. REFER TO KEY BELOW

EQUIPMENT, RENTAL, AND SERVICES (SPECIFIC CATEGORY)	EQUIPMENT/SERVICES RENTED, SOLD OR PROVIDED?			EQUIPMENT RENTED OR PROVIDED WITH OPERATORS?		DOES INSURED SETUP/ERECT EQUIPMENT?		PLEASE INDICATE WHICH OF THE FOLLOWING APPLY				
	YES	NO	% OF TOTAL REVENUE	YES	NO	YES	NO	NE	UE	ST	LT	SM
EARTHMOVING EQUIP.												
LIGHT CONTRACTORS EQUIP.												
FORKLIFTS & MATERIAL HANDLING EQUIP.												
SCAFFOLDING EQUIPMENT/LADDERS												
CRANES (INCL. TOWER)												
MANLIFTS/AERIAL PLATFORMS												
MEDICAL EQUIP.												
RECREATION & SPORTING EQUIP.												
FARM IMPLEMENTS												
ROCK/ASPHALT/CEMENT EQUIP.												
OTHER (1)												

NE = NEW EQUIPMENT SALES UE = USED EQUIPMENT SALES ST = SHORT TERM RENTAL LT = LONG TERM RENTAL/LEASE (>1 YEAR)
 SM = SERVICE & MAINTENANCE PERFORMED (1) PLEASE SPECIFY EQUIPMENT TYPE AS INDICATED IN QUESTION 3B ON NEXT PAGE

B) OTHER EQUIPMENT TYPE SOLD/RENTED	YES	NO	N/A
1) UNDERGROUND MINING EQUIP.	<input type="checkbox"/>	<input type="checkbox"/>	
2) MARINE EQUIP.	<input type="checkbox"/>	<input type="checkbox"/>	
3) AVIATION EQUIP.	<input type="checkbox"/>	<input type="checkbox"/>	
4) AUTOMOBILES/TRUCK/TRAILERS.	<input type="checkbox"/>	<input type="checkbox"/>	
C) ARE YOU PLANNING TO ADD ANY RENTAL PRODUCTS AND/OR SERVICES IN THE NEXT 12 MONTHS?	<input type="checkbox"/>	<input type="checkbox"/>	

4. SALES HISTORY

A) TOTAL SALES OR RECEIPTS FOR ALL RENTALS, PRODUCTS AND SERVICES EXPECTED IN THE NEXT 12 MONTHS? \$ _____
PAST 12 MONTHS \$ _____ 1ST PRIOR YEAR \$ _____ 2ND PRIOR YEAR \$ _____
DESCRIBE ANY SIGNIFICANT CHANGE IN REVENUES BETWEEN ANY PRIOR YEAR AND NEXT YEAR'S PROJECTION:

B) DOES INSURED HAVE ANOTHER FORM OF REVENUE NOT CONNECTED WITH THE ENTITY?
IF YES, PLEASE DESCRIBE:

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

5. OPERATIONS, ADDITIONAL LIABILITIES & UNIQUE CHARACTERISTICS

	YES	NO
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A) DO YOU HAVE A RENTAL/LEASING AGREEMENT? YES NO
IF YES, DOES THIS AGREEMENT INCLUDE AN INDEMNIFICATION AND HOLD HARMLESS AGREEMENT? PLEASE ATTACH A COPY. YES NO
IS THE RENTER/LEASER CONTRACTUALLY REQUIRED TO NOTIFY THE INSURED IMMEDIATELY OF ANY ACCIDENT INVOLVING THE EQUIPMENT? YES NO

B) ARE RENTERS REQUIRED TO PROVIDE CERTIFICATES OF INSURANCE? YES NO
IF YOU REQUIRE CERTIFICATES OF INSURANCE, DO YOU MAINTAIN COPIES ON FILE? YES NO

C) IS EQUIPMENT RENTED/LEASED IN COMPLIANCE WITH APPLICABLE OSHA STANDARDS? YES NO

D) ARE YOU LISTED AS AN ADDITIONAL INSURED ON ANY MANUFACTURER'S SUPPLIERS GENERAL LIABILITY POLICY? YES NO

E) DO YOU HAVE A FORMAL PREVENTIVE MAINTENANCE PROGRAM COVERING THE PRODUCTS YOU RENT/LEASE? YES NO

F) IF YOU MAINTAIN AND/OR REPAIR YOUR OWN EQUIPMENT, DO YOU USE OEM PARTS? YES NO
DO YOU EVER MODIFY ANY OF THE EQUIPMENT YOU RENT/LEASE/SELL? YES NO
DO YOU FOLLOW MANUFACTURES MAINTENANCE AND TEST SCHEDULES? YES NO
DO YOU EVER PERFORM WORK ON EQUIPMENT YOU DO NOT OWN? YES NO

G) DO YOU USE OUTSIDE CONTRACTORS TO PERFORM REQUIRED MAINTENANCE, TESTS AND REPAIRS? YES NO
IF YOU USE OUTSIDE CONTRACTORS TO PERFORM REQUIRED MAINTENANCE, TESTS AND REPAIRS, DO YOU REQUIRE A CERTIFICATE OF INSURANCE? YES NO

H) DO YOU HAVE A FORMAL "RED TAG" PROGRAM TO IDENTIFY AND REMOVE DAMAGED EQUIPMENT AND ELIMINATE THIS EQUIPMENT IF IT IS UNREPAIRABLE? YES NO

I) DO YOU KEEP MAINTENANCE AND TEST LOGS AND PRE-OPERATION INSPECTION REPORTS ON ALL EQUIPMENT? YES NO

J) IF THE APPLICANT ERECTS EQUIPMENT, DOES THE APPLICANT USE A SIGN-OFF CHECKLIST TO ACKNOWLEDGE CORRECTNESS OF THE JOB? YES NO
WHAT IS THE MAXIMUM HEIGHT OF ERECTION WORK? _____ FT.
WHAT IS THE AVERAGE HEIGHT OF EJECTION WORK? _____ FT.

K) IF YOU RENT/LEASE CRANES WITH OPERATORS:

1) DO YOU HAVE A WRITTEN AND DOCUMENTED TRAINING PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>
2) DO YOU CERTIFY CRANE OPERATORS FOR EACH PIECE OF EQUIPMENT OPERATED?	<input type="checkbox"/>	<input type="checkbox"/>
3) DO YOU SUPPLY A "GROUND PERSON" TO PROVIDE SIGNALS TO THE CRANE OPERATOR?	<input type="checkbox"/>	<input type="checkbox"/>
4) DOES THE OPERATOR HAVE THE AUTHORITY TO STOP WORK AT THE JOB SITE?	<input type="checkbox"/>	<input type="checkbox"/>
5) CAN OPERATORS REQUEST THAT THE JOB BE STOPPED AT ANY TIME FOR SAFETY REASONS?	<input type="checkbox"/>	<input type="checkbox"/>

L) IF THE APPLICANT RENTS CRANES (WITH OR WITHOUT OPERATORS), WHAT IS THE MAXIMUM AVERAGE WORK HEIGHT? _____ FT.

M) FOR EQUIPMENT RENTED WITHOUT OPERATORS, DO YOU SUPPLY BOTH VERBAL AND WRITTEN OPERATING AND SAFETY INSTRUCTIONS TO RENTERS?

DO YOU OBTAIN WRITTEN ACKNOWLEDGEMENT FROM RENTERS THAT THEY HAVE RECEIVED THESE INSTRUCTIONS?

DOES THE HOLD HARMLESS AGREEMENT INCLUDE A CLAUSE ABSOLVING THE INSURED FROM LEGAL BLAME IF THE RENTER DOES NOT FOLLOW ALL INSTRUCTIONS?

N) IF YOU SELL USED EQUIPMENT, IS IT IN GOOD WORKING ORDER AND HAVE STANDARD SAFETY FEATURES ALREADY BEEN INSTALLED?

DO YOU WARRANTY THIS EQUIPMENT?

IF YES, HOW LONG IS THE WARRANTY? _____

O) IF YOU SELL USED EQUIPMENT, DO YOU EVER SELL USED EQUIPMENT ON AN "AS IS" BASIS?

IF YES, ARE BUYERS WARNED OF ANY INHERENT DANGERS ASSOCIATED WITH THIS "AS IS" EQUIPMENT?

P) WHO ARE YOUR TOP FIVE CUSTOMERS IN THE PAST 12 MONTHS? (NAME, CITY STATE)

1. _____
2. _____
3. _____
4. _____
5. _____

6. CLAIMS HISTORY – FIVE YEARS OR MORE (LOSS RUNS MUST BE FURNISHED)

A) TOTAL AGGREGATES LOSSES, INCLUDING DEFENSE COSTS:

POLICY PERIOD	NO. OF CLAIMS	TOTAL AMOUNTS PAID		AMOUNTS IN RESERVE		VALUATION DATE
		INDEMNITY	EXPENSE	INDEMNITY	EXPENSE	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

B) DESCRIBE INDIVIDUAL LOSSES, VALUED \$25,000 OR MORE, INCLUDING DEFENSE COSTS:

C) ARE YOU AWARE OF ANY OTHER OCCURRENCES, INCIDENTS, CONDITIONS, DEFECTS OR SUSPECTED DEFECTS, WHICH MAY RESULT IN CLAIMS AGAINST YOU? YES NO

IF YES, GIVE DETAILS:

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

ARKANSAS: AR CODE §23-66-503 "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."

COLORADO: CO STAT. §10-1-127 "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, AND 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."

DISTRICT OF COLUMBIA: DC CODE §22-3825.9 "WARNING: 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."

FLORIDA: FL STAT. §817.234 "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."

HAWAII: HI STAT. §431:10C-307.7 "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

KENTUCKY: KY STAT. §304.47-030 "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

LOUISIANA: LA STAT. §1424 "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."

MAINE: ME STAT. TI 24-1, §2186 "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 DENIAL OF INSURANCE BENEFITS."

NEW JERSEY: NJ STAT. §17:33A-6 "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NEW MEXICO: NM STAT. §59A-16C-8 "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 CIVIL FINES AND CRIMINAL PENALTIES."

OHIO: OH CODE §3999.21 "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."

OKLAHOMA: OK STAT. TI 36, §3613. "WARNING: 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."

OREGON Bulletin 98-5 ANY PERSON, WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION FOR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

PENNSYLVANIA: PA STAT. TI 18, §4117 "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."

RHODE ISLAND: RI GEN. LAWS §27-54-8 "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."

TENNESSEE: TN CODE §56-53-111 "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."

VIRGINIA: VA CODE §52-40 "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."

OTHER STATES: WARNING: "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 MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NEW YORK: NY COMPILATION OF CODES, RULES & REGULATIONS TITLE 11, SECTION 86
"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."

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email