



EQUIPMENT RENTAL SUPPLEMENTAL QUESTIONNAIRE

1. Name of Applicant _____
2. Type of equipment rented _____

3. Does your company rent vehicles? Yes No
 If yes, location where vehicles are stored. _____
 Security of storage areas, i.e. fencing, lighting, alarms _____

Attach a list of vehicles and indicate which vehicles are rented to others. (Use Acord form)

4. Rental and Sales Receipts for last three years

Year	Sales Receipts	Rental Receipts

5. Estimated Rental and Sales Receipts for the policy term _____
6. Does your company manufacture any products? Yes No If yes, describe.

7. Does your company rent any unique or specialized equipment? Yes No If yes, describe.

8. Do you sell any products? Yes No If yes, describe. _____

9. Does your company have a rental contract? Yes No *If yes, attach a copy.*
10. Do you require evidence of liability and property insurance for each rentee? Yes No
 Minimum limits required _____
11. Do you request to be added as an additional insured and loss payee on the rentee's insurance? Yes No
12. Is equipment employee operated? Yes No
13. Value per rental: Average _____ Maximum _____
14. Average age of equipment _____
15. Equipment inventory is: Computerized Manual

16. Do you rent vehicles from others? Yes No

If yes, maximum time those vehicles will be in your possession _____

Estimated annual cost of hire _____

17. Regular Driver Information

Full Name	Drivers License	State of Issuance	Date of Birth

18. Limits and Deductibles desired for the following coverages:

Coverage	Limit	Deductible
Owned Equipment	\$ _____	\$ _____
Earthquake/Flood	\$ _____	\$ _____
Property of Others	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Hired Vehicle	\$ _____	\$ _____
Office Equipment & Furnishings	\$ _____	\$ _____
Resumption of Operations	\$ _____	\$ _____
Electronic Data Processing:		
a. Hardware	\$ _____	\$ _____
b. Software	\$ _____	\$ _____
c. Extra Expense	\$ _____	\$ _____
Money and Currency	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Signing this application does not bind the Applicant or the Company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

I/We have read the above and agree that to the best of my/our knowledge and belief same fully represents the true statement of facts.

Date _____ Applicant _____

Federal Employer I.D. No. _____

By _____

Title _____

Agent/Broker _____

Address _____

Contact _____ Phone Number _____

PLEASE ATTACH TO ACORD APPLICATION

APPLICATION SUPPLEMENT - FRAUD WARNINGS

This supplement becomes attached to the applications in the following states:

Arkansas - applicable to all coverages:

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.

District of Columbia - applicable to all coverages:

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.

Kentucky – applicable to all coverages:

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.

New Jersey - applicable to all coverages:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio - applicable to all coverages:

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 - applicable to all coverages:

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.

Pennsylvania - applicable to all coverages:

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.

Virginia - applicable to all coverages:

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.