



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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 Quincy, MA 02169
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Contractors Equipment Rental General Liability Application

Applicant's Name	_____
Mailing Address	_____ _____
Location	_____ _____

Agent Name	_____
Address	_____ _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

LIMITS 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
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

1. **How long has applicant been in business?** _____ Yrs. **How many years experience?** _____ Yrs.
2. **Estimated annual** A) Payroll \$ _____ B) Gross receipts \$ _____
3. **Total number of employees:** _____ Does applicant lease employees? Yes No
 Does applicant have Workers' Compensation coverage in force? Yes No
4. **Any work subcontracted?** Yes No If yes, give details: _____
 Cost of subcontractors: \$ _____ Are Certificates of Insurance required? Yes No
5. **List equipment being rented** (if available, attach Equipment Schedule): _____

6. **Describe work being done:** _____

7. **If 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 developments versus custom homes. Tract _____% Custom _____%
8. **Is all equipment rented with operator?** Yes No
 If any equipment is rented without operator, a copy of the contract is required.
9. **Does applicant have a contractor's license?** Yes No If yes, state type of license: _____
10. **Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines?** Yes No Explain: _____
11. **Is all self-propelled mobile equipment transported to job site on trailers?** Yes No Explain: _____
12. **If shoring is required on a job, does applicant employ OSHA-approved equipment and techniques?**
 Yes No Explain: _____
13. **Does applicant hold other persons' property for service, storage or repair?** Yes No Explain: _____
14. **If renting a water truck, is the vehicle licensed?** Yes No If yes, give name of auto insurance carrier and limits of liability: _____
15. **Any removal of underground fuel tanks?** Yes No
 Any work on hillsides or slopes? Yes No
 Any oil field work? Yes No
 Does the applicant use explosives? Yes No
16. **During the past three years, has any company ever cancelled, declined, or refused to issue similar insurance to the applicant?** (Not applicable in Missouri) Yes No If yes, explain: _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS

Loc. No.	Classification	Class. Code	(a) Area (s) Gross Sales Total Cost (t) Other	(p) Payroll (c) Premium Bases:	Terr.	Rate		Premium	
						Prem./Ops.	Products.	Prem./Ops.	Products

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: _____
(Applicable to Florida Agents Only.)

Name and Phone Number of individual to contact for inspection/audit _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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

Contractors Equipment Rental