

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

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www.scottsdaleins.com

Contractors Equipment Rental General Liability Application

Applicant's Name	_____
Mailing Address	_____

Location	_____

Web Site Address	_____

Agency Name	_____
Agent	_____
Address	_____

E-Mail	_____
Phone	_____

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. Radius of operations from the main location? _____ Miles

3. Estimated annual: A) Payroll \$ _____ B) Gross receipts \$ _____

4. Total number of employees: _____

Does applicant have Workers' Compensation coverage in force? ☐ Yes ☐ No

5. Any work subcontracted? ☐ Yes ☐ No

If yes, give details: _____

Cost of subcontractors: \$ _____ Are Certificates of Insurance required? ☐ Yes ☐ No

6. List equipment being rented (if available, attach Equipment Schedule): _____

7. Describe work being done: _____

8. **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: _____%
9. **Is all equipment rented with operator?** ☐ Yes ☐ No
 If any equipment is rented without operator, a copy of the contract is required.
 Do any operators ever run the jobs? ☐ Yes ☐ No
 Does applicant bid on jobs? ☐ Yes ☐ No
 Do any jobs last longer than 30 days? ☐ Yes ☐ No
10. **Does applicant have a contractor's license?** ☐ Yes ☐ No
 If yes, state type of license: _____
11. **Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines?** ☐ Yes ☐ No
 Explain: _____
12. **Is all self-propelled mobile equipment transported to job site on trailers?** ☐ Yes ☐ No
 Explain: _____
13. **If shoring is required on a job, does applicant employ OSHA-approved equipment and techniques?** ☐ Yes ☐ No
 Explain: _____
14. **Does applicant hold other persons' property for service, storage or repair?** ☐ Yes ☐ No
 Explain: _____
15. **If renting a water truck(s), is(are) the vehicle(s) licensed?** ☐ Yes ☐ No
 If yes, give name of auto insurance carrier and limits of liability: _____
 Please provide make, year and VIN for each water truck: _____
16. **Any snow plowing operations?** ☐ Yes ☐ No
17. **Any removal of underground fuel tanks?** ☐ Yes ☐ No
 Any work on hillsides or slopes? ☐ Yes ☐ No
 Any mining? ☐ Yes ☐ No
 Any oil field work? ☐ Yes ☐ No
 Any earthen dam construction? ☐ Yes ☐ No
 Does the applicant use explosives? ☐ Yes ☐ No
 Excavation/grading of land on a contract basis? ☐ Yes ☐ No
18. **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 and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. ☐ See loss run attached

YEAR	COMPANY	POL. NO.	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS

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

19. Does applicant have any other business ventures for which coverage is not requested? ☐ Yes ☐ No

If yes, explain and advise where insured: _____

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.)

IOWA LICENSED AGENT: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

Contractors Equipment Rental

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"