

Equipment Rental House Supplemental Questionnaire

► PLEASE ATTACH TO ACORD APPLICATION

1.	Name of Applicant:							
2.	. Type of Equipment Rented:							
3.	Does your company rent vehicles? \square Yes \square	Does your company rent vehicles?						
	If "Yes," where are vehicles stored?	f "Yes," where are vehicles stored?						
	Describe security of storage areas (i.e., fencing, lighting, alarms):							
	► Attach a list of vehicles and indicate which vel	nicles 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 (not including products you assemble from different manufacturers)?								
	If "Yes," please describe:							
7.	Does your company rent any unique or specialized equipment (LED screens, for example)? 🔲 Yes 🔲 No 🛮 If "Yes," please describe:							
8. Do you sell any products?								
10.	, , , , , , , , , , , , , , , , , , , ,	oility and property insurance from each rentee?						
	Do you require that rentees carry limits at least m	•						
	1. Do you request to be added as an additional insured and loss payee on the rentee's insurance?							
	2. Is equipment employee operated?							
	3. What is the average and maximum value per rental? Average: \$ Maximum: \$4. What is the average age of equipment?							
	Is your equipment inventory computerized or mar							
16.	Do you rent vehicles from others, including rigs rented to transport gear?							
	If "Yes," what is maximum time those vehicles will be in your possession?							
	Estimated annual cost of hire: \$							



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17. Full names of regular drivers, license numbers, states of issuance and dates of birth. (Not necessary if already placed on Auto	ito ACORD apr	placed on Auto ACORD	v if alreadv r	(Not necessary	es of birth.	and dat	states of issuance a	numbers.	license	drivers.	ames of regula	7. Ful	1
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Full Name	Drivers License No.	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 and Furnishings	\$	\$	
Resumption of Operations	\$	\$	
Electronic Data Processing			
a. Hardware	\$	\$	
b. Software	\$	\$	
c. Extra Expense	\$	\$	
Money and Currency	\$	\$	
Other:	\$	\$	
Other:	\$	\$	

THE RENTAL HOUSE PROPERTY FLOATER DOES NOT INSURE PROPERTY WHERE NO WRITTEN CONTRACT OR WRITTEN AGREEMENT EXISTS BETWEEN YOU AND THE RENTEE OR LESSEE OF THE PROPERTY, SPECIFICALLY STIPULATING THAT THE RENTEE OR LESSEE SHALL BEAR AND ASSUME RESPONSIBILITY FOR THE RISK OF ANY LOSS OR DAMAGE TO SUCH PROPERTY FROM ANY CAUSE WHATSOEVER.

Applicant signature	Date Signed
By:	
Title:	
Account Executive:	
Brokerage Firm:	
Address:	
City:	State: ZIP:
Phone:	Fax:
Website URL:	Years in business:

