

**SUBMISSION REQUIREMENTS FOR RENTAL EQUIPMENT AND PARTY GOODS RISKS**

**PROSPECT:** \_\_\_\_\_ **EFF DATE:** \_\_\_\_\_

<b>LINE OF BUSINESS</b>	<b>ITEM</b>	<b>ATTACHED</b>	<b>Not applicable (why not?)</b>
ALL	Target premium if you don't have targets by line		Required if no targets by line
GL	Website www._____._____		
GL	Target premium		required if quoting
GL	Producer narrative (short written overview of ops)		required if quoting
GL	Completed GL supp (follows...every question answered). Total all revenue categories and be sure the total matches the ACORD GL app. Be sure to break out aerial rental revenue and complete the trailer section.		required if quoting
GL	ACORD 125 that shows date in business on page 1 and prior carrier info on page 2		required if quoting
GL	Completed ACORD GL app. Total revenue must match total on revenue page of GL supp.		required if quoting
GL	Legible copy of entire rental agreement		required if quoting
GL	Copy of service tag		required if quoting
GL	Complete equipment list		required if quoting
GL	Platform height for every owned aerial lift		
GL	Moonwalk supplement (follows) if any inflatable rental		
GL	Five years of currently-valued (within 90 days) loss runs		required if quoting
IM	Completed ACORD Equipment Floater app with three numbers on it: (1) blanket limit big enough to cover a total and (2) value of most-expensive item in the fleet, (3) in-transit and jobsite limit.		required if quoting
IM	Target premium		required if quoting
IM	Five years of currently-valued (within 90 days) loss runs		required if quoting



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PROPERTY	Completed ACORD app with values and underwriting info		required if quoting
PROPERTY	Target premium		required if quoting
PROPERTY	Five years of currently-valued (within 90 days) loss runs		required if quoting
AUTO	Completed ACORD Auto app with garaging location and GVW for each vehicle. Cost new and PD deds required if PD desired. Be sure to identify the TYPE of every vehicle and trailer.		required if quoting
AUTO	Target premium		required if quoting
AUTO	Vehicle rental supplement (follows) if any vehicle rental		
AUTO	Five years of currently-valued (within 90 days) loss runs		required if quoting
UL	Completed ACORD UL app (every question). Advise what lines the Umbrella is going over (GL, AL, EL)		required if quoting
UL	Target premium		required if quoting
UL	Five years of currently-valued (within 90 days) loss runs		required if quoting
UL	Auto dec page (if we're not quoting the auto)		required if quoting

Please return this (completed) checklist with your submission to:

Email: [newbusiness@ascinsure.com](mailto:newbusiness@ascinsure.com)

Fax: 1-888-316-9016

Ideally, we would like your complete submission 3 weeks prior to effective date.



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Party Goods Defender**

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Rental Equipment and Party Goods Defender

Ascinsure Specialty Risk
Four Allegheny Center, 4th Floor
Pittsburgh, PA 15212

Phone: 1-877-372-0517 Fax: 1-888-316-9016

Email: newbusiness@ascinsure.com

www.ascinsure.com

RENTAL EQUIPMENT DEALER INSURANCE PROGRAM
UNDERWRITING APPLICATION

I. BACKGROUND INFORMATION:

Name Insured(s) (Please list all applicable named insured to be covered to include buildings owned by principals, partnerships, etc. if insurance is required)

Contact Name Title

Phone Number Fax Number

Mailing Address

Physical Locations(s) (Please list all applicable locations including storage yards and vacant land)

1) Zip County

2)

3)

Policy Period From: To:

Current Length of

Carrier/Agent: Relationship:

Description of Operation(s) by Named Insured Above:

Business Inception Date: Federal Tax ID Number

Any Other Businesses we are not insuring? Yes No

Name Type of Operation

If yes, is this business covered separately for General Liability and all other insurance coverages?

II **GENERAL UNDERWRITING INFORMATION:**

		YES	NO
1)	Are formal/informal safety meetings conducted? Formal <input type="checkbox"/> Informal <input type="checkbox"/> If yes, how often, please describe meetings: _____	<input type="checkbox"/>	<input type="checkbox"/>
2)	Do you have a written Safety Statement outlining corporate safety policies? If yes, please submit a copy. _____	<input type="checkbox"/>	<input type="checkbox"/>
3)	Is/are owner(s) active in the daily management of the business? If not daily, how often? _____	<input type="checkbox"/>	<input type="checkbox"/>
4)	How many total employees do you have? _____ Describe rental experience of key personnel at each location: _____ Owner(s) _____ Branch Operations Manager _____ Counterperson(s) _____ Shop Manager(s) _____		
5)	Do you use sub-contractors or independent contractors for deliveries? For repairs to equipment or premises? Other functions? If yes, describe what the contractors are used for: _____ If yes, do you obtain Certificates of Insurance from them? _____ What limits are required? _____	<input type="checkbox"/>	<input type="checkbox"/>
6)	Are you a member of the following trade associations: ARA <input type="checkbox"/> SIA <input type="checkbox"/> AED <input type="checkbox"/> OTHER <input type="checkbox"/>		
7)	Are you listed on any manufacturer's/supplier's general liability policy as an additional insured/vendor? If so, please list by manufacturer and product type: A) _____ B) _____ C) _____	<input type="checkbox"/>	<input type="checkbox"/>
8)	Do you import any of your product line including parts? If so, do all of the manufactures have U.S. based or "domestic" insurance coverage If so, please elaborate. _____	<input type="checkbox"/>	<input type="checkbox"/>
9)	Describe geographical area of market concentration: _____		

III	<b><u>EQUIPMENT:</u></b>	YES	NO
	(Please forward a detailed schedule of equipment; include values, capacity and maximum extended reach)		
10)	Are any of the following equipment lines rented, sold, or repaired?		
	A) Do you install Temporary Trailer Hitches?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, number of times per year _____		
	B) Recreational vehicles such as ATVs, snowmobiles, boats, etc?	<input type="checkbox"/>	<input type="checkbox"/>
	If, yes, what is the approximate revenue? _____		
	C) Do you rent Dunking Booths, Children's Rides, Moonwalks etc.?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, what is the revenue _____		
	D) Do you rent any licensed for over-the-road use vehicles, truck-mounted booms, cranes, or mobile work platforms?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide a list, which includes GVW, type, boom size, and if owned or rented from another dealer. _____ _____		
	E) Are you renting Durable Medical Equipment/Medical Therapy Equipment?	<input type="checkbox"/>	<input type="checkbox"/>
	F) Do you rent high velocity powder-actuated tools?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, how much in total revenue? _____		
	To who is the equipment rented? _____		
	G) Do you rent trailers without equipment?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, what is the revenue? _____		
11	Do you have underground or above ground storage tanks?	<input type="checkbox"/>	<input type="checkbox"/>
	If so, describe type, capacity and how many _____		
12	Do you repair equipment or vehicles for others?	<input type="checkbox"/>	<input type="checkbox"/>
	If so, what type of equipment or vehicles? _____		
	What type of repairs? _____		
	Employee Training? _____		
13)	What is the average age of your equipment? _____		
14)	What is your most expensive piece of equipment _____ Value: _____		
15)	Do you rent equipment with operators?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, do you require certificates of insurance from those customers?	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide equipment operated, driver's license # and experience and training. _____		

16)	What percentage of your revenue is derived from "repeat" or "account" business? _____		
17)	Is your company's name and address affixed to each piece of rental equipment for identification purposes?	<input type="checkbox"/>	<input type="checkbox"/>
18)	Do you manufacture any product or modify any manufacturer's product prior to sale or rental?	<input type="checkbox"/>	<input type="checkbox"/>
19)	Do you rent, lease or sell cranes? If yes, please provide tonnage_____. How do you document the operator is competent to operate a crane? _____	<input type="checkbox"/>	<input type="checkbox"/>
20)	Do you rent cranes from another rental dealer or contractor for re-rental?	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV</b>	<b><u>EQUIPMENT MAINTENANCE PROGRAM:</u></b> (PLEASE FORWARD A COPY OF MAINTENANCE LOG OR TAGGING SYSTEM)	<b>YES</b>	<b>NO</b>
21)	Do you have a "formalized" equipment maintenance program that follows manufacturer's guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
22)	Do you use an electric short detector when servicing electrical equipment? If yes, which brand? When equipment is returned, do you have a specific "return" area in your shop or yard? Where it is kept until it is inspected?_____	<input type="checkbox"/>	<input type="checkbox"/>
23)	Do you keep written maintenance logs or files on your equipment? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
24)	Do you utilize a "service" tagging system? Please attach a copy and advise if the document is maintained after the rental. _____	<input type="checkbox"/>	<input type="checkbox"/>
25)	Please describe your procedure when you sell a customer a used piece of equipment. Do you train them in its use? Do you provide all manuals and service records? If the equipment is in use do you verify its condition and fitness before the sale? What types of equipment do you sell?		
26)	What % of your sales is used equipment?_____ What type of used equipment is sold_____ Do you purchase used equipment for the purpose of re-selling?_____		

V. <u>EQUIPMENT/DISMANTLING:</u>		YES	NO
(PLEASE FORWARD ANY CHECKLISTS USED FOR ERECTION/DISMANTLING)			
27)	Are you involved in erection or dismantling of scaffolding?	<input type="checkbox"/>	<input type="checkbox"/>
28)	Do you install/erect tents and/or moonwalks? Please provide information on how wind exposures are controlled. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
VI. <u>RENTAL:</u>		YES	NO
(PLEASE FORWARD A COMPLETE COPY OF YOUR RENTAL CONTRACT)			
	When is your next reprint of your rental contract? _____	<input type="checkbox"/>	<input type="checkbox"/>
	Did you have an attorney develop your rental contract?		
29)	Are written instructions for safe use of equipment distributed to each customer?	<input type="checkbox"/>	<input type="checkbox"/>
	In what situations would written instructions not be distributed to your customers? _____		
	Do you demonstrate the safe operation of power equipment to your customers?	<input type="checkbox"/>	<input type="checkbox"/>
30)	Do you require customer's signature that training was provided? On rental contract or on service tag? _____	<input type="checkbox"/>	<input type="checkbox"/>
31)	Do your customers sign or initial the rental contract indicating that they have been offered, but have rejected safety equipment?	<input type="checkbox"/>	<input type="checkbox"/>
32)	Do you ever require Certificates of Insurance from your Customers? If so, when?	<input type="checkbox"/>	<input type="checkbox"/>

**VII. ESTIMATED ANNUAL REVENUE:**

31) Please list your projected annual revenue for the upcoming policy period. Please be certain to provide a specific breakdown per the following classifications:

Sales of equipment		\$
Sales of propane: Cylinder Exchange <input type="checkbox"/> Refill <input type="checkbox"/>		\$
Contractor's Equipment Rental		\$
Ladder Rental		\$
Scaffold Rental		\$
Aerial lift Rental		\$
Crane rental		\$
Party Goods Rental incl. tables and chairs		\$
Tent & Staging Rental		\$
Homeowner's Equipment Rental		\$
Billable Repair revenue		\$
Rental with Operators-Revenue		\$ /
Other - Describe		\$
<b>TOTAL ESTIMATED REVENUE:</b>		\$

Please provide total gross revenues for prior 5 years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please include with this application:

<input type="checkbox"/> Any written safety schedule	<input type="checkbox"/> Brochures
<input type="checkbox"/> Equipment Schedule including platform heights of aerial reach	<input type="checkbox"/> Loss information for prior five years
<input type="checkbox"/> Maintenance Log/Tagging System	<input type="checkbox"/> Sales agreement/Rental Contract
<input type="checkbox"/> Instructions provided to lessees on tent and moonwalk rental	<input type="checkbox"/> COI on other operations

APPLICATION MUST SIGNED

ANY PERSON, WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

\_\_\_\_\_

\_\_\_\_\_



Customer Account Name: \_\_\_\_\_

YES NO

Do you own trailers?

Do you rent trailers?

Do you rent trailers without equipment?

TRAILER LIST (less than or equal to 10,000 GVW)					
Year	Make & Model	Serial No.	GVW	Safety	Brakes
				Chains	Yes/No
				Yes/No	Yes/No

**WORKERS COMPENSATION**

Expiration Date: \_\_\_\_\_

Insurer/Agent: \_\_\_\_\_

1) What is your current experience mod? \_\_\_\_\_

2) **CLASS CODE**                      **CLASSIFICATIONS**                      **ESTIMATED PAYROLL**

3) \_\_\_\_\_

Individuals INCLUDED/EXCLUDED from Workers Compensation

Partners, Officers, Relatives to be included or excluded from Worker Compensation

Name              D.O.B.    Title    Ownership %    Duties                      INC/EXC    Remuneration    Class Code

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROPERTY**

Expiration Date \_\_\_\_\_

Insurer/Agent \_\_\_\_\_

		Bldg. Value	Contents	Computer	Sign	Fence	Business Interruption	Accounts Receivable
Loc#	Bldg.							
Loc#	Bldg.							
Loc#	Bldg.							
Loc#	Bldg.							
Loc#	Bldg.							

a. Please specify deductible: \_\_\_\_\_

**Business Auto**

Veh. #	Year	Make	Vin# (last five digits)	Garage Location	Weight	Cost	Comp Ded.	Collision Ded.