

Roush Insurance Services, Inc.

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Contractors Equipment Rental General Liability Application

| | |
|---|--|
| Applicant's Name: _____ _____ Mailing Address: _____ _____ Location Address: _____ _____ | Agency Name: _____ Agent: _____ Address: _____ _____ E-Mail: _____ Phone No.: _____ |
|---|--|

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

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

Website Address: _____

E-mail Address: _____ **Phone Number:** _____

Limits Of Liability & Deductible Requested:

| | |
|--|----|
| General Aggregate (other than Products/Completed Operations) | \$ |
| Products & Completed Operations Aggregate | \$ |
| Personal & Advertising Injury (any one person or organization) | \$ |
| Each Occurrence | \$ |
| Damage To Premises Rented To You (any one premise) | \$ |
| Medical Expense (any one person) | \$ |
| Other Coverage, Restrictions, and/or Endorsements: | \$ |
| Deductible | \$ |

1. Describe work being done: _____

2. How long has applicant been in business? _____ Yrs. How many years experience? _____ Yrs.

3. Estimated annual: a. Payroll \$ _____ b. Gross receipts \$ _____

4. Additional Insured Information:

| Name | Address |
|------|---------|
| | |
| | |
| | |

5. Does applicant have long term jobs in excess of six months? Yes No

If yes, provide details: _____

6. 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: _____%

7. Total number of employees: _____

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

8. Any work subcontracted? Yes No

If yes, give details: _____

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

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

10. Is all equipment rented with operator? Yes No

Do any operators ever run the jobs? Yes No

Does applicant bid on jobs? Yes No

Do any jobs last longer than thirty (30) days? Yes No

11. Does applicant have a contractor's license? Yes No

If yes, state type of license: _____

12. Does applicant make a thorough study of the subsurface, including identification and marking of existing utility pipes and lines? Yes No

Explain: _____

13. Is all self-propelled mobile equipment transported to job site on trailers? Yes No

Explain: _____

14. If shoring is required on a job, does applicant employ OSHA-approved equipment and techniques? Yes No

Explain: _____

15. Does applicant hold other persons' property for service, storage or repair? Yes No

Explain: _____

16. Does applicant sell secondhand equipment? Yes No
If yes, advise gross sales: \$ _____

17. 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: _____

18. Does applicant rent the following?

- Barricades? Yes No
- Cherry pickers? Yes No
- Cranes in excess of one hundred (100) feet in height? Yes No
- Tower cranes? Yes No
- Truck mounted cranes? Yes No
- If yes, advise Auto Liability carrier and limits: _____ \$ _____
- Hand held equipment? Yes No
- Hoists? Yes No
- Scaffolding? Yes No
- Shoring equipment? Yes No
- Sky Jacks? Yes No

19. Does applicant engage in any of the following operations?

- Dam or levee construction? Yes No
- Demolition? Yes No
- Dredging? Yes No
- Excavation/grading of land on a contract basis? Yes No
- Use of explosives? Yes No
- Work on hillsides or slopes with a grade in excess of fifteen (15) degrees? Yes No
- Mining? Yes No
- Oil field work? Yes No
- Snow plowing on private streets or roads? Yes No
- Snow plowing on public streets or roads? Yes No
- Installation or removal of underground fuel tanks? Yes No

20. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) Yes No
If yes, explain: _____

21. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No
If yes, describe: _____

22. Does applicant have any other business ventures for which coverage is not requested? Yes No
If yes, explain and advise where insured: _____

23. Schedule Of Hazards:

| Loc. No. | Classification Description | Class. Code | Exposure | Premium Basis |
|----------|----------------------------|-------------|----------|---|
| | | | | (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

24. Prior Carrier Information:

| | Year: | Year: | Year: |
|---------------------------|-------|-------|-------|
| Carrier | | | |
| Policy No. | | | |
| Coverage | | | |
| Occurrence or Claims Made | | | |
| Total Premium | \$ | \$ | \$ |

25. 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. Check if no losses last three years.

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|-------------------------------|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

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.

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. **(Not applicable to Oregon.)**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for

the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa 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.