

SUBMISSION REQUIREMENTS FOR RENTAL EQUIPMENT AND PARTY GOODS RISKS

PROSPECT: _____ **EFF DATE:** _____

LINE OF BUSINESS	ITEM	ATTACHED	Not applicable (why not?)
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



Rental Equipment and Party Goods Defender

Targeted Wholesale Brokerage
www.ascinsure.com

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

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

FOUR GATEWAY CENTER, 444 LIBERTY AVENUE
PITTSBURGH, PA 15222
PHONE: 877-372-0517
FAX: 888-316-9016
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

Email Address

Website 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 Carrier/Agent: Length of 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 (circle one) safety meetings conducted?
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 _____ Repair or maintenance of Premises
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 EQUIPMENT:

- | | 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?

If, yes, what is the approximate revenue? _____

C) Do you rent Dunking Booths, Children's Rides, etc.?

D) Do you rent any licensed for over-the-road use vehicles, truck-mounted booms, cranes, or mobile work platforms?

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?

F) Do you rent high velocity powder-actuated tools?

If yes, how much in total revenue. _____ To whom is the equipment rented? _____

G) Do you have underground or above ground storage tanks?

If so, describe type, capacity and how many _____

H) Do you repair equipment or vehicles for others?

If so, what type of equipment or vehicles? _____

What type of repairs? _____

Employee Training? _____

11) What is the average age of your equipment? _____

12) What is your most expensive piece of equipment _____ Value: _____

13) Do you rent equipment with operators?

If yes, do you require certificates of insurance from those customers?

Please provide equipment operated, driver's license # and experience and training. _____

14) What percentage of your revenue is derived from "repeat" or "account" business? _____

15) Is your company's name and address affixed to each piece of rental equipment for identification purposes?

16) Do you manufacture any product or modify any manufacturer's product prior to sale or rental?

17) Do you rent, lease or sell cranes?

If yes, please provide tonnage _____. How do you document the operator is competent to operate a crane? _____

18) Do you rent cranes from another rental dealer or contractor for re-rental?

19) Do you rent equipment that is used in underground operations?

IV	<u>EQUIPMENT MAINTENANCE PROGRAM:</u>	YES	NO
(PLEASE FORWARD A COPY OF MAINTENANCE LOG OR TAGGING SYSTEM)			
20)	Do you have a "formalized" equipment maintenance program that follows manufacturer's guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
21)	Do you use an electric short detector when servicing electrical equipment? If yes, which brand? _____	<input type="checkbox"/>	<input type="checkbox"/>
	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"/>
22)	Do you keep written maintenance logs or files on your equipment? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
23)	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"/>
24)	Pease 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? _____		
<hr/>			
V.	<u>EQUIPMENT/DISMANTLING:</u>	YES	NO
(PLEASE FORWARD ANY CHECKLISTS USED FOR ERECTION/DISMANTLING)			
25)	Are you involved in erection or dismantling of scaffolding?	<input type="checkbox"/>	<input type="checkbox"/>
26)	Do you install/erect tents and/or moonwalks? Please provide information on how wind exposures are controlled. _____	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
VI.	<u>RENTAL:</u>	YES	NO
(PLEASE FORWARD A COMPLETE COPY OF YOUR RENTAL CONTRACT)			
	When is your next reprint of your rental contract? _____		
	Did you have an attorney develop your rental contract?	<input type="checkbox"/>	<input type="checkbox"/>
27)	Are written instructions for safe use of equipment distributed to each customer? In what situations would written instructions not be distributed to your customers? _____	<input type="checkbox"/>	<input type="checkbox"/>
	Do you demonstrate the safe operation of power equipment to your customers?	<input type="checkbox"/>	<input type="checkbox"/>
28)	Do you require customer's signature that training was provided? On rental contract or on service tag? _____	<input type="checkbox"/>	<input type="checkbox"/>

- 29) Do your customers sign or initial the rental contract indicating that they have been offered, but have rejected safety equipment
- 30) Do you ever require Certificates of Insurance from your Customers?
- If so, when?

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 new equipment	\$
Sales of used equipment to public	\$
Sales of propane: Cylinder Exchange <input type="checkbox"/> Refill <input type="checkbox"/>	\$
Contractor's Equipment Rental	\$
Ladder Rental	\$
Scaffold Rental	\$
Aerial lift Rental	\$
Truck rental	\$
Trailers Rented without Equipment	\$
Crane rental	\$
Party Goods Rental incl. tables and chairs	\$
Moonwalk Rental # of Moonwalks	\$
Dunking Booths, Other Games Rental	\$
Tent & Staging Rental	\$
Homeowner's Equipment Rental	\$
Billable Repair revenue	\$
Rental with Operators-Revenue	\$
Other - Describe	\$
TOTAL ESTIMATED REVENUE:	\$
Please provide total gross revenues for prior 5 years:	
\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	

Please include with this application:

Copy of table of contents of your safety manual

Equipment Schedule including platform heights of aerial reach

Maintenance Log/Tagging System

Instructions provided to lessees on tent and moonwalk rental

Brochures

Currently valued Loss Runs for prior five years

Sales agreement/Rental Contract

LOSS CONTROL ASSISTANCE: WOULD YOU LIKE ASSISTANCE ON DEVELOPING OR IMPROVING YOUR LOSS CONTROL, SAFETY PROGRAM, MAINTENANCE/TAGGING SYSTEM, INSTRUCTIONS PROVIDED TO LESSEES ON TENT AND MOONWALK RENTAL, SALES AGREEMENT/RENTAL CONTRACT WORDING

YES NO

APPLICATION MUST BE 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.

Date:

Signature:

Title:

Customer Account Name: _____

	YES	NO
Do you own trailers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you rent trailers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you rent trailers without equipment?	<input type="checkbox"/>	<input type="checkbox"/>

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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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INFLATABLE JUMP HOUSES/GAMES Supplemental Application

1. Who is the manufacturer(s) of your units? _____

a) Are they domiciled in the US? _____
b) Do you have certificates of insurance from them? Yes or No _____
c) Do they name you as an additional insured? Yes or No _____
2. Are safety instructions prominently displayed on each unit near the front access door? Yes or No _____
3. Are the units equipped with tie down straps? Yes or No _____
4. Are the blower motors properly guarded? Yes or No _____
5. Do the units have a front step or landing area? Yes or No _____
6. Are the units rented with operators? Yes or No _____
7. What is the total estimated annual receipts for the rental of inflatables? _____
a) Do you intend to grow this part of your business? Yes or No _____
b) What future party items/games do you intend to add? _____

8. Are Certificates of Insurance obtained from the renter? Yes or No _____
a) Are you named as an additional insured? Yes or No _____
9. What type of training is provided with each rental?

a) Handouts or videos used? _____
b) Does it cover tie down and/or staking? Yes or No _____
c) Placement of equipment? Yes or No _____
d) Operator responsibilities? Yes or No _____
e) Deflating and protecting overnight? Yes or No _____
f) Self-Inspection throughout the day? Yes or No _____
g) What is the age of qualified supervision _____?
h) Do you obtain a sign off from the renter acknowledging instructions of unit?
Yes or No _____
i) Please attach a copy of the instructions provided.
10. Are the units inflated and inspected at check in for damage or hazards?
Yes or No _____
11. Please attach a copy of brochures on your units.
12. Please attach a copy of the safety instructions provided to your customers.

Named Insured Documentation

First Named Insured: _____

Named Insured	Operations	How is the entity related to the First Named Insured?

BUSINESS AUTO SUPPLEMENTAL QUESTIONNAIRE

Name Insured: _____
Key Contact: _____
SIC Code/Classification: _____
Business Phone Number: _____
Email: _____
Website: _____

Submission Requirements

1. Completed ACORD application including the business auto section
2. Current vehicle list with complete 17 digit VINs
3. 3-5 years documented loss history
4. Drivers list and copies of current MVRs

Section 1- General Information

1. Are any scheduled vehicles registered to individuals and not used in the business?
Yes or No _____
2. Are any vehicles owed or leased by your company NOT on this schedule?
Yes or No _____
3. Do operations involve transporting hazardous materials? Yes or No _____
4. Do operations involve hauling or backhauling for others? Yes or No _____
If yes, please describe: _____
5. Are any mobile cranes licensed for road use? Yes or No _____

Section 2- Driver Management

1. Does the insured obtain a MVR on each driver prior to hiring and annually thereafter?
Yes or No _____
2. Does the account have a driver recruiting method? Yes or No _____
3. For personal use of company vehicles, please indicate which applies
 - There is a written policy on personal use of company vehicles restricting use to the assigned driver
 - there is a verbal policy on personal use of company vehicles restricting use to the assigned driver
 - There is no personal use of company vehicles
 - There is no policy in place restricting personal use of company vehicles

Section 3- Fleet Safety Management

1. Is there a formal safety program in effect? Yes or No _____
If yes, please briefly describe and/or attach a copy of the safety program

2. How often are safety meetings held? _____
3. Is there a safety incentive program in place and is auto included in the program?
Yes or No _____
4. Do drivers perform daily maintenance checks on ALL vehicles? Yes or No _____

Section 4- Non-Owned Auto

1. Do any drivers use their own personal vehicle regularly on company business? Yes or No _____ (Note: regular means use of their personal vehicle daily and it is part of their job responsibility (i.e. salespersons, job superintendents))
2. If yes to 1 above, does the insured monitor existence of their own personal insurance and at what limits? _____

RENTAL AUTO/TRUCK SUPPLEMENTAL APPLICATION

1. Do you have a separate rental auto contract? _____
Please attach a copy
2. Does the rental contract make the renter's insurance primary for the operation and use of the vehicle? Yes or No _____
3. Is there specific hold harmless wording in the contract? Yes or No _____
4. What is the minimum liability limits you will accept from the renter?

5. Do you obtain information regarding the renter's insurance agent?
Yes or No _____ Insurance company? Yes or No _____
6. Do you obtain a copy of the renter's driver's license? Yes or No _____
7. Do you obtain a copy of the certificate of insurance or other evidence showing insurance coverage is in force? Yes or No _____
8. Do you require physical damage coverage (fire, theft, collision, etc.) to be the responsibility of the renter? Yes or No _____
9. What is the total annual revenue for rental of autos? _____
10. What is the intended personal use of the rental vehicles?
Business _____% Personal _____%
Explain: _____
11. What is the radius of operation?
Under 50 miles _____% 50-150 miles _____% Over 150 miles _____%
12. What is the average length of rental?
1 week or less _____% 1-4 weeks _____% Over 4 weeks _____%
13. What is the average number of rentals per year? _____
14. What is the annual mileage for your rental vehicles? _____
15. Do you keep a maintenance schedule on each vehicle? Yes or No _____
16. Do you keep maintenance logs on each vehicle? Yes or No _____
17. Do you do the service work or use an outside garage? _____
18. What is the procedure to check the vehicle once it is returned?

19. Do you have a checklist you fill out? Yes or No _____ (If yes, attach a copy)
20. Do you offer a Damage Waiver? _____ (include a copy of not part of the rental contract)
21. Do you require a deposit on the rental of vehicles? _____
22. Attach a list of vehicles