

Inland Marine – Contractors Equipment Application

PRODUCER INFORMATION

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|------------------|-------------|---------------|
| Producer: | NPN: | SLA #: |
|------------------|-------------|---------------|

APPLICANT INFORMATION

| | | |
|--|------------------------|------------------|
| Named Insured: | Street Address: | |
| City: | State: | ZIP Code: |
| Phone Number: | Website: | |
| Classification: Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> Non Profit <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input type="checkbox"/> | | |
| Company Contact: | Contact Role: | |
| Contact Phone: | Contact Email: | |
| Risk Control Contact: | Contact Role: | |
| Contact Phone: | Contact Email: | |

ADDITIONAL COMPANY INFORMATION

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|---|--|
| New Venture? Yes <input type="checkbox"/> No <input type="checkbox"/> | How long have you been in business under this name? |
| Are there any related entities? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Additional Name(s) or DBA(s) | |

ADDITIONAL LOSS PAYEES

| Name | Address | Description of Property |
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COVERAGE INFORMATION

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| Effective Date: | Expiration Date: |
| Deductible: | |
| Equipment Limit: | Occurrence Limit: |
| Location(s) of Property: | |

RENTAL INFORMATION

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|--|------------------------------|-----------------------------|
| Do you loan or rent equipment to others? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If you rent equipment to others: | | |
| Is renting/leasing your sole operation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is all of your equipment available for rent/lease/loan to others? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you provide rentals with operators? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a written contract or agreement in place prior to releasing any equipment to lessee or borrower? | | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Describe any security measures included in the agreement (hold harmless clauses, insurance requirements, subleasing restrictions, etc.) | | |
| | | |
| Do others loan or rent equipment to you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If you rent equipment from others: | | |
| What were your total rental expenditures in the past 12 months? | | |
| | | |
| What are your projected rental expenditures in the next 12 months? | | |
| | | |
| Are you contractually required to insure this equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SCHEDULED EQUIPMENT – PLEASE COMPLETE BELOW OR PROVIDE SOV

| Make/ Model | Type/ Capacity | Serial Number or VIN | Manufacture Date | Purchase Price | Insured Value | Available for rent to others? |
|-------------|----------------|----------------------|------------------|----------------|---------------|-------------------------------|
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OPERATIONAL INFORMATION

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| Are all employees (including temporary and seasonal) trained to handle the equipment they will operate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, please explain: |
| Do you have a written employee handbook? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, please explain: |
| Do you have a formal safety guide? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, please explain: |
| How frequently do you hold safety meetings? | | | |
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| How is equipment transported to job sites? | | |
| Will equipment be used near water? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please describe: |
| Will equipment be used on bridges or overpasses away from water? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please describe: |
| Will equipment be used underground? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please describe: |
| Is equipment stored in area subject to flooding or wildfire? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please describe: |

SECURITY INFORMATION

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| Describe the security measures at the storage locations: |
| Describe the security measures at the job site locations: |
| Describe your inspection and maintenance plans: |
| Describe equipment tracking (GPS, Remote Disable, etc.): |
| Describe your fire safety protocol: |

CLAIMS INFORMATION

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| Please attach 5-year loss runs with complete claim detail | |
| Do you know of any unreported potential claims? | If yes, please describe: |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |

FRAUD WARNINGS:

ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND, TEXAS, WEST VIRGINIA, OTHER STATES NOT LISTED BELOW:

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.

ALASKA:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA:

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA:

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO:

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

DISTRICT OF COLUMBIA:

WARNING: 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.

DELAWARE:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FLORIDA:

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.

HAWAII:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

IDAHO:

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA:

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE:

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 denial of insurance benefits.

MARYLAND:

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.

MINNESOTA:

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

NEW HAMPSHIRE:

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

OHIO:

Any person who, with intent to defraud or knowing that he/she 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.

OKLAHOMA:

WARNING: 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.

OREGON:

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer by submitting an application containing a false statement as to any material fact may be violating state law.

PENNSYLVANIA:

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.

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.

ACKNOWLEDGEMENT

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| Applicant Name: | Applicant Title: | FEIN: |
| Applicant Signature: | | Date: |