

Named Insured: _____

Insured Email Address _____

Physical Address: _____

Agency Name: _____

Agency Representative: _____

Agent Phone Number: _____

Agent Email Address: _____

How Did You Hear About Us?

Print Advertisement
 Tradeshow/Conference
 Email Broadcast
 Social Media (i.e. Facebook)

Internet Search
 Webinar
 Postcard
 Friend
 Other: _____

Description of Operations

Lines of business submitted:
 Commercial General Liability
 Inland Marine/Property
 Commercial Auto/Mobile Liability
 Contractors' Pollution
 Umbrella/Excess

Complete Description of Operations: _____

Individual
 Partnership
 Corporation
 Limited Corporation
 Joint Venture

Any other Subsidiaries or partnerships not previously identified?
 Yes
 No

Subsidiaries:	<u>Name</u>	<u>Operations</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Other Businesses we are NOT insuring?
 Yes
 No

If so, provide 'Name' and 'Type of Operation' and 'Insurance Provider'.

Years in business: _____

Years of experience of Principals: _____

Commercial General Liability

Operations	Payroll	Annual Gross Receipts
Sales of NEW Equipment	\$	\$
Sales of USED Equipment	\$	\$
Contractor's Equipment Rentals	\$	\$
Ladders Rentals	\$	\$
Scaffolding Rental	\$	\$
Aerial Lift Rental	\$	\$
Truck Rentals	\$	\$
Trailers rented without equipment	\$	\$
Crane Rentals	\$	\$
Rental with Operators – Revenue	\$	\$
Millwright – machinery moving & installation	\$	\$
Heavy Hauling – Transportation of equipment	\$	\$
Sales of Propane, Cylinder Exchange or Refill	\$	\$
Sales of Gas or Diesel	\$	\$
Repair or service operations	\$	\$
Party Rentals including Tables and Chair	\$	\$
Game or children activities rental	\$	\$
OTHER:		
OTHER:		

Is any of the following equipment available for rent? (Mark "X" if applicable)		
Camper Trailers	Sporting Equipment	Comments:
Amusement devices or carnival rides	Medical Equipment	
Personal Watercraft, Motorcycles, or All-Terrain Vehicles (ATV's)	Party Rentals	
Snowmobiles or Golf Carts	Other:	

Are all of your suppliers of equipment, parts, and accessories located in the USA or have a US subsidiary?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you import any of your product lines? If yes, explain	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
How are foreign products insured in the US?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are sales and service personnel trained and/or certified by the Manufacturer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If Yes, please describe:

Do you get certs and AI from any subcontractors?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are all of your suppliers of equipment, parts, and accessories located in the USA or have a US subsidiary?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you import any of your product lines? If yes, explain	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
How are foreign products insured in the US?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are sales and service personnel trained and/or certified by the Manufacturer? Please describe:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

What types of training do you provide to end users in the operation of equipment you rent or sell?

Do you use equipment to act as a contractor or subcontractor?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are any types of equipment rented with an operator?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, which equipment?

Do you modify, design, or build any equipment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please describe:

Does your business include any manufacturing operations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please describe:

Are any Allied products sold?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please describe products and include details on installation and related services provided as well as total receipts:

Do you rent or sell equipment to the General Public/Homeowners?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you repair any equipment other than your own?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
All customers are required to sign insureds rental agreement or contract?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is each rental customer's driver's license number, credit card, credit report or license plate number obtained?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If not, are corporate billing programs used?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is manufacturer recommended safety equipment provided to all rental customers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are all rental customers provided with written operating instructions as well as verbal instructions?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are all rental customers advised of the procedures for identifying deficiencies and notifying the insured?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
What is the maximum height of equipment?		Feet:		
Do you rent, sell or service cranes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you rent, sell or erect scaffolding or ladders?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Commercial Auto Liability

Is a driver application form completed for each employee that drives a service or delivery vehicle/trailer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are MVRs checked prior to hiring?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is employment contingent on MVR if checked post-hire?	<input type="checkbox"/>		<input type="checkbox"/>	
Do you maintain the approved driver files as required by DOT regulations for all drivers with CDL's?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a written disciplinary action plan for drivers with MVR violations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Describe Disciplinary Plan or if no current written Disciplinary Plan is in place, are you willing to implement one? Please describe:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are any company owned vehicles used for personal use?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there a written policy for personal use of company owned/insured autos/trucks? If yes, please explain:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do any employees use their own personal vehicles for business use? If yes, please describe:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you require minimum liability limits of \$500,000 Combined Single Limit for personal auto policy covering these individuals?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are MVR's obtained on all family members if there is personal use?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you loan or rent your autos or trucks used on public roads?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any non-owned autos or trucks held for repair or storage?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please explain: _____				
Please list below or attach a list of any vehicles registered to any other legal entity names:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is scheduled maintenance and servicing performed at suggested mileage intervals by qualified mechanics?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you retain and review vehicle maintenance logs on a regular basis?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you rent or hire autos from others to transport equipment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, do you obtain Certificates of Insurance? _____				



**EQUIPMENT DEALERS
SUPPLEMENTAL APPLICATION**

Commercial Inland Marine

When renting equipment, do you sell or offer to sell a Loss Damage Waiver?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are buildings equipped with burglar alarms/central station?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are buildings equipped with Sprinklers?	<input type="checkbox"/>		<input type="checkbox"/>	
Are all locations equipped with a chain link fence, motion detectors and/or security lighting?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Describe: _____

Does camera surveillance cover the premises inside of the building?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does camera surveillance cover the outside lot?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do exterior lights remain on all night and illuminate all dark areas of premises?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are all storage areas at this location secured in such a way that equipment cannot be removed from the premises during non-business hours without causing property damage to perimeter fences, posts, chains, barricades and/or gates?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Provide Construction, occupancy, protection and square ft. of each location: _____

BREAKDOWN OF EQUIPMENT INVENTORY BY LOCATION			
Location #1		Average	Max Incl Floor Plan
Value of Equipment on Premises awaiting Sale/Rent/Prop of Others:	\$		\$
Total Value of All Equipment on Premises:	\$		\$
Construction Type:			
Occupancy:			
Protection:			
Square Footage:			
Location #2		Average	Max Incl Floor Plan
Value of Equipment on Premises awaiting Sale/Rent/Prop of Others:	\$		\$
Total Value of All Equipment on Premises:	\$		\$
Construction Type:			
Occupancy:			
Protection:			
Square Footage:			
Location #3		Average	Max Incl Floor Plan
Value of Equipment on Premises awaiting Sale/Rent/Prop of Others:	\$		\$
Total Value of All Equipment on Premises:	\$		\$
Construction Type:			
Occupancy:			
Protection:			
Square Footage:			
% of Inventory held Inside:	%	% of Inventory held Outside:	%
Employee Tools Limit – Loc. #1:	\$	Loc. #2:	\$
		Loc. #3:	\$
Narrative:			

Workers' Compensation

Do all new hires complete an application for employment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a Human Resources Dept. or an individual in charge of Human Resources functions?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a formal safety training program?	<input type="checkbox"/>		<input type="checkbox"/>	
Do you have a full time safety director?	<input type="checkbox"/>		<input type="checkbox"/>	

If yes, please provide details as to the safety director's duties and responsibilities:

Do you maintain written safety training manual and do all employees receive a copy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you maintain a log of all completed safety training courses by employees?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you require all employees to wear Personal Protective equipment including safety glasses, hearing protection, safety shoes, work gloves and special clothing requirements, etc.?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, please describe: _____

LOSS CONTROL AND MAINTENANCE

Is a written loss control and job site safety plan updated regularly?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is one employee responsible for the safety program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, please name: _____

Are weekly safety meetings held with field employees?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there a screen or reference process for new operators?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there a minimum age for operators?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there a schedule maintenance program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, does it follow manufactures suggested maintenance guidelines?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your maintenance staff get training from the manufacturer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there a record system?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Is yes, who is responsible for it? _____

Are records stored?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, how long are they retained? _____

Are cranes certified?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, how often and by whom? _____

Are operators certified?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, how often and by whom? _____

Are Certificates of Insurance required from lessees on bare rentals?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Is proof of insurance required from renters?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, how is it verified? _____

Do you use or have exposure to radioactive material?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please describe and include protective measures: _____

Describe the use of any explosives in conjunction with your operations: _____

Describe procedures when working with hazardous materials (i.e. acids): _____

SAFETY - Attach copy of Safety Program

Name of Safety Director: _____

Safety Director reports to: _____

Years with organization: _____ Years in the safety field: _____ Percentage of time spent on safety: _____ %

How often are safety meetings held? _____

Are employees required to attend?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is a written loss control and job site safety plan updated regularly?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the loss control and job safety plan address setup near power lines?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Describe the Safety Director's duties:

Describe any safety award program(s):

SUBMISSION REQUIREMENTS

Inland Marine / Property / General Liability	Commercial Auto	Umbrella / Excess
Acord Sections	Acord Sections	Acord Sections
NBIS Supplemental Application	Five Years Current Loss Runs	NBIS Supplemental Application
Five Years Currently Value Loss History	Vehicle Schedule With Cost New	Vehicle Schedule
Equipment Schedule	Driver Schedule	Underlying CGL Quotation
Operator Certifications	Motor Vehicle Reports - All Drivers	Underlying Auto Quotation
Equipment Inspections		Employer's Liability Carrier/Limit
Safety Program		Five Year Loss Summary Each Line
Lease / Rental Agreement		

ATTENTION

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES. THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSUREDS, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

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.

Signature of Applicant

Date

Title (Officer, Manager, Partner, Owner)

Signature of Broker

Date

**As an associated party to NBIS, you will be notified via e-mail about products or services that may be of interest to you. To opt-out from these program updates, please go to NBIS.com, then Contact Us, and select Opt-Out Request.*

**FRAUD STATEMENTS**

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

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

Applicable in OR

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

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S SIGNATURE_____
DATE (MM/DD/YYYY)

For your protection, Utah law requires the following to be included in this application:

"ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT UNDERWRITING INFORMATION, FILES OR CAUSES TO BE FILED A FALSE OR FRAUDULENT CLAIM FOR DISABILITY COMPENSATION OR MEDICAL BENEFITS, OR SUBMITS A FALSE OR FRAUDULENT REPORT OR BILLING FOR HEALTH CARE FEES OR OTHER PROFESSIONAL SERVICES IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."