

Equipment Rental and Sales ChoiceSM Coverage Application

Please attach your rental agreement and damage waiver.

I. Special Questions

If you check any of the boxes below, please contact your Inland Marine underwriter before completing this application.

Does the applicant rent or sell any of the following equipment?

Aircraft Amusement rides or carnival equipment Bottled gas Campers or travel trailers Mobile homes
Motor vehicles, e.g., automobiles, motorcycles Furniture/household goods Tires Rent to own

Does the applicant generate >50% of their revenue from renting any of the following equipment?

Cranes, mining, tunneling, or logging equipment Tents Equipment used on the water or underground

II. General Information

Effective Date:	Expiration Date:
Agency Name:	Agency Code:
Named Insured:	Website Address:
Mailing Address:	Telephone:
Inspection Contact:	Number of Years in Business:
Description of Business:	
Has any of the named insured's policies or coverages been declined, cancelled or non-renewed in the last three (3) years? (Missouri Applicants – Do not answer this question)	
Yes No	
If Yes, please explain:	
Have you ever filed for bankruptcy? Yes No	
Insurance Need: Equipment Rental Equipment Sales	
% of revenues applicable to rental only:	
% of annual expenditures to re-rent equipment to others:	
Type of Equipment:	Material Handling Agricultural Construction Landscaping Party and Special Event
Other, please explain:	

III. Premises Information				
Location #1				
Address:			City:	
State:			Zip:	
Equipment Values Stored Outside %				
Welding on Premises	Yes	No	If Yes, please explain:	
Painting on Premises	Yes	No	If Yes, please explain:	
Year Built :	Square Footage :		Protection Class:	Construction Type:
Location #2				
Address:			City:	
State:			Zip:	
Equipment Values Stored Outside %				
Welding on Premises	Yes	No	If Yes, please explain:	
Painting on Premises	Yes	No	If Yes, please explain:	
Year Built :	Square Footage :		Protection Class:	Construction Type:
Location #3				
Address:			City:	
State:			Zip:	
Equipment Values Stored Outside %				
Welding on Premises	Yes	No	If Yes, please explain:	
Painting on Premises	Yes	No	If Yes, please explain:	
Year Built :	Square Footage :		Protection Class:	Construction Type:

IV. Limits of Insurance (Please attach an Equipment Schedule, including limit for spare parts if needed)		
Deductible: \$		
Coverage	Limit	
Property leased, rented, or sold to others by you	\$	
Property leased or rented by you from others for any one "loss"	\$	
Property leased or rented by you from others for any one item	\$	
Property leased or rented by others - expenditures	\$	
Property of others in your care, custody or control for any one "loss"	\$	
Property of others in your care, custody or control for any one item	\$	
Sublimit for Property Awaiting Rental, Lease or Sale		
Flood	Deductible \$	
Location #1 \$	Location #2 \$	Location #3 \$
Earthquake	Deductible \$	
Location #1 \$	Location #2 \$	Location #3 \$

V. Equipment Protection

Protection for Equipment Held for Rental or Sale While On-premises (Please check all that apply.)

- ☐ All locations equipped with a central station burglar alarm
- ☐ All locations equipped with fire and smoke alarms to central station
- ☐ All locations equipped with automatic sprinkler systems
- ☐ Equipment greater than \$25,000 in value is equipped with GPS or other anti-theft tracking device
- ☐ All locations are equipped with chain-linked fence, motion detectors, or security lighting
- ☐ Wheel locks are used to secure equipment in outside lots

Protection for Equipment While Being Rented Off-premises (Please check all that apply.)

- ☐ Rental customers provided with written and verbal operating instructions
- ☐ Manufacturer recommended safety equipment provided to all customers
- ☐ Each rental customer's driver's license number, credit card, credit report or license plate number obtained; or corporate billing program used
- ☐ Rental customers advised of procedures for identifying deficiencies and notifying insured
- ☐ Lock-out/tag-out system is in place
- ☐ Certificate of insurance is obtained from customer % of the time
- ☐ Damage waiver is provided % of the time*

* Do you require your customers to be responsible for theft and damage to equipment? Yes No

VI. Loss History

For Inland Marine coverage, enter all claims or occurrences that may give rise to claims.

None See Attached Loss Summary

Occurrence Date	Claim Type/Description	Claim Date	Amount Paid	Amount Reserved	Status (Paid or Open)

Arbitration Statement

For Utah applicants only: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the American Arbitration Association or other recognized arbitrator, a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

Fraud Warning Statements

Arkansas 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.

California applicants: 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 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.

District of Columbia applicants: 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.

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.

Hawaii applicants: 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.

Kentucky applicants: 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.

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.

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.

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

New Mexico 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 civil fines and criminal penalties.

New York applicants: 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 material fact thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.

Oklahoma applicants: 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 applicants: any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact maybe violating state law.

Pennsylvania applicants: 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 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 include imprisonment, fines and denial of insurance benefits.

Virginia 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 include imprisonment, fines and denial of insurance benefits.

West Virginia 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.

Signing this form does not bind the applicant firm or the company to complete the insurance. Application must be signed and dated by an owner, partner or officer of the applicant firm.

Applicant's Statement: I, being duly authorized, have read the above application and 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 the Company to issue the policy for which I am applying.
(Kansas: This does not constitute a warranty)..

Authorized Signature:

Title:

Print Name:

Date:

Producer's Signature:

Title:

Print Name:

Date:

License Identification Number or National Producer Number:

(Florida Producers must Provide License Identification Number)

First State Insurance Company
Hartford Accident and Indemnity Company
Hartford Casualty Insurance Company
Hartford Fire Insurance Company
Hartford Insurance Company of Illinois
Hartford Insurance Company of the Midwest
Hartford Insurance Company of the Southeast
Hartford Lloyd's Insurance Company
Hartford Underwriters Insurance Company
New England Insurance Company

New England Reinsurance Corporation
Nutmeg Insurance Company
Omni Indemnity Company
Omni Insurance Company
Pacific Insurance Company, Limited
Property and Casualty Insurance Company of Hartford
Sentinel Insurance Company, Ltd.
Trumbull Insurance Company
Twin City Fire Insurance Company

Please submit this proposal and appropriate materials to:
Marine.Services@thehartford.com

