

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

CONTRACTORS EQUIPMENT RENTAL GENERAL LIABILITY APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

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

1. Describe operations: _____

2. How long has applicant been in business? _____ Years How many years' experience? _____ Years
3. States/Areas of operation: _____

4. Is there any current or future work planned in the state of New York?..... Yes No
 If yes:
 Do New York Operations exceed fifty percent (50%) of the total receipts/sales?..... Yes No
 Are any operations in New York City, defined as the boroughs of The Bronx, Brooklyn, Manhattan,
 Queens or Staten Island? Yes No

5. Schedule of Hazards:

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

6. Does applicant sell secondhand equipment? Yes No

If yes, advise gross sales: \$ _____

7. Does applicant rent the following?

Air pressure tanks..... Yes No

Barricades Yes No

Cherry pickers Yes No

Compressors Yes No

Construction dumpsters/containers Yes No

Cranes in excess of one hundred (100) feet in height..... Yes No

Handheld equipment..... Yes No

Hod Yes No

Hoists Yes No

Ladders Yes No

Material platforms Yes No

Medical equipment..... Yes No

Mining equipment Yes No

Pneumatic tools Yes No

If yes, advise Auto Liability carrier and limits: _____ \$ _____

Scaffolding..... Yes No

Scissor lifts Yes No

Shoring equipment..... Yes No

Sidewalk bridges..... Yes No

Skyjacks Yes No

Steam boilers..... Yes No

Tower cranes..... Yes No

Trailers Yes No

Truck mounted cranes Yes No

If yes, advise Auto Liability carrier and limits: _____ \$ _____

Please provide make, year and VIN for each truck: _____

Water trucks Yes No

If yes, advise Auto Liability carrier and limits: _____ \$ _____

Please provide make, year and VIN for each truck: _____

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

Explain: _____

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

Explain: _____

10. If equipment is rented with operator, advise the following:

- a. Does applicant have long term jobs in excess of six months?..... Yes No
If yes, provide details: _____
- b. Do any operators ever run the jobs? Yes No
- c. Does applicant bid on jobs?..... Yes No
- d. Do any jobs last longer than thirty (30) days?..... Yes No
- e. Does applicant have a contractor's license?..... Yes No
If yes, state type of license: _____
- f. 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: ____%
- g. Total number of employees:.....
Does applicant have Workers' Compensation coverage in force?..... Yes No
- h. Any work subcontracted?..... Yes No
If yes, give details: _____
Cost of subcontractors:..... \$ _____
Are Certificates of Insurance required? Yes No
- i. List equipment being rented (if available, attach Equipment Schedule): _____
- j. Does applicant make a thorough study of the subsurface, including identification and marking of existing utility pipes and lines?..... Yes No
Explain: _____
- k. If shoring is required on a job, does applicant employ OSHA-approved equipment and techniques?..... Yes No
Explain: _____
- l. 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/ice removal Yes No
 - Snow plowing on public streets, roads or highways..... Yes No
 - Installation or removal of underground fuel tanks Yes No

11. If equipment is rented without operator, advise the following:

- a. Please attach Equipment Schedule and copy of rental agreement with hold harmless.

b. Does applicant rent any of the equipment noted below?

Backhoes Yes No

Forklifts Yes No

Water trucks Yes No

c. Please advise details on training and instruction in equipment use provided to the customer: _____

12. Does applicant 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: _____

13. Does applicant have any other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

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.

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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____