



**Western Heritage**  
Insurance Company

### CONTRACTORS EQUIPMENT RENTAL GENERAL LIABILITY APPLICATION

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location: \_\_\_\_\_

Applicant is:  Individual  Partnership  Corporation  Other

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	
Damage To Premises Rented To You	\$	Other
Medical Expense (any one person)	\$	
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

- How long has applicant been in business? \_\_\_\_\_ Yrs. How many years experience? \_\_\_\_\_ Yrs.
- Estimated annual (A) Payroll \$ \_\_\_\_\_ (B) Gross receipts \$ \_\_\_\_\_
- Number of employees \_\_\_\_\_ Does applicant lease employees?  Yes  No  
Does applicant have Workers' Compensation coverage in force?  Yes  No
- Any work subcontracted?  Yes  No If yes, give details: \_\_\_\_\_  
Cost of subcontractors \$ \_\_\_\_\_
- List equipment being rented (include maximum boom length for cranes): \_\_\_\_\_  
\_\_\_\_\_
- Describe work being done: \_\_\_\_\_  
\_\_\_\_\_
- Is all equipment rented with operator?  Yes  No If any equipment is rented without operator, a copy of the contract is required.
- Does applicant have a contractors license?  Yes  No If yes, state type of license: \_\_\_\_\_
- Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines?  
 Yes  No Explain: \_\_\_\_\_
- Is all self-propelled mobile equipment transported to job site on trailers?  Yes  No Explain: \_\_\_\_\_  
\_\_\_\_\_
- Is shoring is required on a job, does applicant employ OSHA-approved equipment and techniques?  Yes  No  
Explain: \_\_\_\_\_



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12. Does applicant hold other persons' property for service, storage or repair?  Yes  No  
 Explain: \_\_\_\_\_
13. If renting a water truck, is the vehicle licensed?  Yes  No If yes, give name of auto insurance carrier and limits of liability: \_\_\_\_\_
14. Any removal of underground fuel tanks?  Yes  No  
 Any work on hillsides or slopes?  Yes  No  
 Any oilfield work?  Yes  No  
 Does the applicant use explosives?  Yes  No
15. During the past three years, has any company cancelled, declined or refused to issue similar insurance to the applicant?  
 Yes  No If yes, explain: \_\_\_\_\_

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS									
Loc. No.	Classification	Class Code	Premium Bases:			Rate		Premium	
			(s) Gross Sales	(p) Payroll	Terr.	Prem/Ops	Products	Prem/Ops	Products
			(a) Area	(c) Total Cost					
			(f) Other						

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 SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
 Name and Phone Number of individual to contact for inspection/audit: \_\_\_\_\_

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE.