

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
 www.scottsdaleins.com

### Contractors Equipment Rental General Liability Application

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_

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

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Company  Other (Specify): \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

**Limits Of Liability & Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverage, Restrictions, and/or Endorsements: _____	\$
Deductible	\$

1. Describe work being done: \_\_\_\_\_  
 \_\_\_\_\_

2. How long has applicant been in business? \_\_\_\_\_ Yrs. How many years experience? \_\_\_\_\_ Yrs.

3. Estimated annual: A) Payroll \$ \_\_\_\_\_ B) Gross receipts \$ \_\_\_\_\_

4. Additional Insured Information:

Name	Address

5. Does applicant have long term jobs in excess of six (6) months? .....  Yes  No  
If yes, provide details: \_\_\_\_\_

6. 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: \_\_\_\_\_%

7. Total number of employees: \_\_\_\_\_

Does applicant have Workers' Compensation coverage in force? .....  Yes  No

8. Any work subcontracted? .....  Yes  No

If yes, give details: \_\_\_\_\_

Cost of subcontractors: \$ \_\_\_\_\_ Are Certificates of Insurance required? .....  Yes  No

9. List equipment being rented (if available, attach Equipment Schedule): \_\_\_\_\_

10. Is all equipment rented with operator? .....  Yes  No

If any equipment is rented without operator, a copy of the contract is required.

Do any operators ever run the jobs? .....  Yes  No

Does applicant bid on jobs? .....  Yes  No

Do any jobs last longer than 30 days? .....  Yes  No

11. Does applicant have a contractor's license? .....  Yes  No

If yes, state type of license: \_\_\_\_\_

12. Does applicant make a thorough study of the subsurface, including identification and marking of existing utility pipes and lines? .....  Yes  No

Explain: \_\_\_\_\_

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

Explain: \_\_\_\_\_

14. **If shoring is required on a job, does applicant employ OSHA-approved equipment and techniques?**.....  Yes  No  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_
15. **Does applicant hold other persons' property for service, storage or repair?** .....  Yes  No  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_
16. **Does applicant sell secondhand equipment?** .....  Yes  No  
 If yes, advise gross sales: \$ \_\_\_\_\_
17. **If renting a water truck(s), is (are) the vehicle(s) licensed?** .....  Yes  No  
 If yes, give name of auto insurance carrier and limits of liability: \_\_\_\_\_  
 Please provide make, year and VIN for each water truck: \_\_\_\_\_  
 \_\_\_\_\_
18. **Does applicant rent the following?**
- Barricades?.....  Yes  No  
 Cherry pickers?.....  Yes  No  
 Cranes in excess of one hundred (100) feet in height?.....  Yes  No  
 Tower cranes? .....  Yes  No  
 Truck mounted cranes? .....  Yes  No  
 If yes, advise Auto Liability carrier and limits: \_\_\_\_\_ \$ \_\_\_\_\_  
 Hand held equipment? .....  Yes  No  
 Hoists? .....  Yes  No  
 Scaffolding? .....  Yes  No  
 Shoring equipment?.....  Yes  No  
 Sky Jacks?.....  Yes  No
19. **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 plowing on private streets or roads? .....  Yes  No  
 Snow plowing on public streets or roads? .....  Yes  No  
 Installation or removal of underground fuel tanks? .....  Yes  No
20. **During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant?** (Not applicable in Missouri).....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

21. Does risk 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: \_\_\_\_\_

22. Does applicant have any other business ventures for which coverage is not requested?.....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_

23. Schedule Of Hazards:

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

24. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium	\$	\$	\$

25. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. ....  Check if no losses last three years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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.

**FRAUD WARNING:** 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 applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO 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 in the third degree.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN 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.

**FRAUD WARNING APPLICABLE IN THE STATE OF 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

\_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.