

(Complete in addition to ACORD Application)

Note to General Agent: Refer to SMART Card for complete eligibility criteria.

Proposed First Named Insured & Other Named Insured(s):

Location Address: Street City County State ZIP Code

PREQUALIFICATION

You are not eligible for this program if answer is Yes to any question in this Prequalification section.

Do you rent any of the following equipment:	Yes	No		Yes	No
Baby or toddler equipment (cribs, strollers, car seats, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Rental to own equipment or furniture	<input type="checkbox"/>	<input type="checkbox"/>
Medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	Inflatable Bounce Houses and slides	<input type="checkbox"/>	<input type="checkbox"/>
Trailers and hitches	<input type="checkbox"/>	<input type="checkbox"/>	Dunk tanks, paintball, bungee run, sumo suits	<input type="checkbox"/>	<input type="checkbox"/>
Bleachers (portable type)	<input type="checkbox"/>	<input type="checkbox"/>	Cranes, derricks, power shovels	<input type="checkbox"/>	<input type="checkbox"/>

BUSINESS INFORMATION

- Website:
 - Email:
 - Number of Employees: Number of years in rental business:
 - Describe all your operations:
 - Describe any discontinued operations in the last five years:
- | | Yes | No |
|---|--------------------------|--------------------------|
| 6. Do you confirm state regulatory requirements are met for each state where you have operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you provide formal training and written instructions to lessees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you rent any equipment for longer than 1 week? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide details of long-term rentals: | | |
| 9. Any repackaging of products or private labels rented or sold? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, describe: | | |

CLASSIFICATIONS AND RECEIPTS SCHEDULE (Check if applicable)

Rental Item	Receipts
<input type="checkbox"/> Party Goods (includes silverware, china, fountains, popcorn machines)	\$
<input type="checkbox"/> Tents & Canopies	\$
<input type="checkbox"/> Formal wear or Costumes rented to others - adults only	\$
<input type="checkbox"/> Tables & Chairs	\$
<input type="checkbox"/> Portable Toilets	\$
<input type="checkbox"/> Hardware (includes ladders, tools, small power tools, chainsaws, lawn mowers)	\$
<input type="checkbox"/> Other (describe):	\$

GENERAL LIABILITY

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you use a liability release waiver or rental contract? <i>If Yes, attach copy.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are pre-rental inspections and testing completed and documented on rental agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a rental checklist that is reviewed with the rental customer? <i>If Yes, attach copy.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, do you require your commercial customers to provide certificates of insurance naming your company as an additional insured prior to renting any equipment. | | |
| 5. Are copies of each rental contract and certificate of insurance kept for a minimum of 4 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is equipment rented/leased in compliance with applicable OSHA standards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. For any hardware or equipment sales, describe and include any warranties or guarantees: | <input type="checkbox"/> | <input type="checkbox"/> |

TENT RENTAL

1. Number of tents in your inventory: _____
2. Total replacement cost and square footage of the two (2) largest tents: \$ _____ Sq. Ft.
3. Do you have an emergency preparedness plan in place for tents in the event of severe weather conditions?
☐ Yes ☐ No
4. Do you advise the tent rental customer to contact 811 prior to tent installation, so they can locate and mark their underground facilities? ☐ Yes ☐ No
5. Do you require the customer to sign that you are not responsible for any damages while installing tents?
☐ Yes ☐ No

PORTABLE SANITATION ☐ **N/A**

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you install or excavate septic tanks or leach fields? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you repair fiberglass on portable toilets?
If Yes, describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sewage is dumped: a. In a city or state approved treatment center | <input type="checkbox"/> | <input type="checkbox"/> |
| b. In a non-approved treatment center | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you need any special filings for this operation (State or Federal)? | <input type="checkbox"/> | <input type="checkbox"/> |

EQUIPMENT MAINTENANCE

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Maintenance inspections completed by: _____ | | |
| 2. Is regular maintenance performed on the rental equipment to manufacturer's specifications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you keep a maintenance log?
Is there a lock-out/tag-out system in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are modifications made to the rental equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a ready to rent system? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, check all that apply:
<input type="checkbox"/> Visual inspection
<input type="checkbox"/> Visual inspection with records retained on large equipment
<input type="checkbox"/> Visual inspection with records retained on all equipment with equipment tagged | | |
| 6. Is electrical testing equipment used to check for electrical shortages or leakage? | <input type="checkbox"/> | <input type="checkbox"/> |

SUBCONTRACTORS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you subcontract any of your rental operations to any third parties?
If Yes, describe work subcontracted: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do all your subcontractors provide evidence of insurance equal to or greater than your liability limits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are the subcontractors required to sign a Hold Harmless Agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you named as Additional Insured on subcontractor policies? | <input type="checkbox"/> | <input type="checkbox"/> |

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		