

**International Placement Services, Inc.**

101 S. Hanley Rd., Ste 700

St. Louis, MO 63105

**Contractors Equipment Rental General Liability Application**

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**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) \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$ _____	Premises/Operations
Products & Completed Operations Aggregate	\$ _____	\$ _____
Personal & Advertising Injury	\$ _____	Products/Completed Operations
Each Occurrence	\$ _____	\$ _____
Fire Damage (any one fire)	\$ _____	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 \$ \_\_\_\_\_
- Total 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: \$ \_\_\_\_\_ Are Certificates of Insurance required?  Yes  No
- List equipment being rented** (if available, attach Equipment Schedule): \_\_\_\_\_  
 \_\_\_\_\_
- Describe work being done:** \_\_\_\_\_  
 \_\_\_\_\_
- 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 \_\_\_\_\_%

8. Is all equipment rented with operator?  Yes  No  
If any equipment is rented without operator, a copy of the contract is required.
9. Does applicant have a contractor's license?  Yes  No If yes, state type of license: \_\_\_\_\_
10. Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines?  Yes  No Explain: \_\_\_\_\_
11. Is all self-propelled mobile equipment transported to job site on trailers?  Yes  No Explain: \_\_\_\_\_
12. If shoring is required on a job, does applicant employ OSHA-approved equipment and techniques?  Yes  No Explain: \_\_\_\_\_
13. Does applicant hold other persons' property for service, storage or repair?  Yes  No Explain: \_\_\_\_\_
14. If renting a water truck, is the vehicle licensed?  Yes  No If yes, give name of auto insurance carrier and limits of liability: \_\_\_\_\_
15. Any removal of underground fuel tanks?  Yes  No  
Any work on hillsides or slopes?  Yes  No  
Any oil field work?  Yes  No  
Does the applicant use explosives?  Yes  No
16. During the past three years, has any company ever cancelled, declined, or refused to issue similar insurance to the applicant? (Not applicable in Missouri)  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	(a) Area (c) Premium Bases: (s) Gross Sales Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./Ops.	Products.	Prem./Ops.	Products

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.

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.

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.

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*

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.

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

Contractors Equipment Rental