

Rent-ItGuard® INSURANCE PROGRAM

AmWINS Program Underwriters

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*****www.amwins.com**rw

| | |
|----------------|-----------|
| Business Name: | Agency: |
| Effective Date | Producer: |

TYPE OF RENTAL OPERATON:

| Breakdown of Equipment Rentals | Estimated Gross Revenue* |
|--|--------------------------|
| Party and Event Rentals | \$ |
| Material handling equipment / lifts; forklifts; excavators; front end loaders; skid steers, telescopic handlers not including Crane | \$ |
| Cranes | \$ |
| Bobcats; bulldozers; compactors; graders; rollers; road scrapers; trenchers | \$ |
| Boom / scissor lift for workers; pavers; generators; hand tools; safety equipment; sweepers; wood splitters; chainsaws; pile drivers; pressure washers | \$ |
| Ladders or scaffolding | \$ |
| Air compressors and pneumatic tools | \$ |
| New Equipment Sales | \$ |
| Used Equipment Sales | \$ |
| Sale of safety equipment and hand tools | \$ |
| Other: Describe: | \$ |

*Gross revenue excludes freight charges (if separately invoiced) and sales or excise taxes

List any other business ventures under common ownership but not included with this submission:

Check if you rent any of the following types of equipment and indicate estimated revenue:

| <input type="checkbox"/> | | Est Revenue |
|--------------------------|---|-------------|
| <input type="checkbox"/> | Inflatable amusement devices | \$ |
| <input type="checkbox"/> | Children's games, toys or amusement devices | \$ |
| <input type="checkbox"/> | Electrical or Electronic medical equipment | \$ |
| <input type="checkbox"/> | Sporting goods equipment | \$ |
| <input type="checkbox"/> | Watercraft, aircraft or automobiles | \$ |
| <input type="checkbox"/> | Recreational vehicles (ATVs, Snowmobiles, Mopeds, etc.) | \$ |
| <input type="checkbox"/> | Equipment for use in oil or gas drilling or servicing, mining or logging | \$ |
| <input type="checkbox"/> | Tents or canopies | \$ |
| <input type="checkbox"/> | Powder Actuated Nailers | \$ |

PREMIUM AND DEDUCTIBLE INFORMATION:

| Coverage | Expiring Deductible | Expiring Premium | Target Premium |
|--------------------|---------------------|------------------|----------------|
| Property | \$ | \$ | \$ |
| Inland Marine | \$ | \$ | \$ |
| Crime | \$ | \$ | \$ |
| General Liability | \$ | \$ | \$ |
| Automobile | \$ | \$ | \$ |
| Total ex Work Comp | | \$ | \$ |

PREMISES AND OPERATIONS (Mark Y for Yes, and N for No as appropriate):

Lot Protection for Vehicles and Equipment:

| | Loc. No. | Loc. No. | Loc. No. |
|--|----------|----------|----------|
| Surveillance Camera's | | | |
| Security Guards | | | |
| Guard Dogs | | | |
| Chain Link Fence | | | |
| Entrances are blocked after hours | | | |
| Lighted | | | |
| Vehicles Disabled | | | |
| Keys are not left in unattended vehicles | | | |

Other security measures (explain): _____

RENTAL EQUIPMENT FLOATER:

Total Value of All Rental Equipment: \$ _____

Basis of Valuation: Replacement Cost ACV

Include Conversion Coverage: Yes No

Deductible: \$1,000 \$2,500 \$5,000 Other: \$ _____

List 5 largest items of rental equipment or attach an equipment list:

| | Description | Value |
|----|-------------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

What is the average age of your rental equipment fleet: _____

What percent of equipment is kept outside overnight: _____%

Damage waiver included in Rental Contract: Yes No

If Yes, what is your estimated annual revenue from LDW? _____

Do you provide written and oral operating instructions for power equipment? Yes No

If No, why not: _____

What information is requested on the rental contract to identify the rentee?

- Drivers License Number Yes No
- Credit Card Number Yes No
- Employer's name and address Yes No
- License plate of rentees vehicles Yes No
- Name and address of rentees insurance agent..... Yes No
- Other (describe): _____

GENERAL LIABILITY

- 1. Do you rent any equipment with operator? Yes No

If you answered Yes to any of the above, please describe: _____

- 2. Do you perform any installation, erection or contacting operations? Yes No
 - a. If yes, describe: _____
- 3. Are written maintenance records kept on each item of rental equipment? Yes No
- 4. Any discontinued operations in the past 5 years? Yes No
 - a. If yes, describe: _____
- 5. Who repairs equipment? _____
- 6. Do you repair equipment of others? Yes No
- 7. Any modifications made to equipment? Yes No
 - a. If yes, describe: _____
- 8. Any fabricating or spray painting on the premises? Yes No

AUTOMOBILE

- 1. Does applicant rent trailers? Yes No
 - a. If yes, number: _____
 - b. Does applicant ask what the trailer will carry? Yes No
 - c. Proper tie-down straps provided? Yes No
 - d. Load capacity and trailer maximum speed limit visible on all trailers? Yes No
- 2. Does applicant rent trucks? Yes No
 - a. If yes, number: _____
 - b. Any one-way rentals? Yes No
- 3. Do you store autos, trailers, boats, recreational vehicles of others? Yes No
 - a. If yes, describe: _____
- 4. Do you own any vehicles not listed on the schedule? Yes No
 - a. If yes, describe: _____

5. Are any vehicles used for personal use? Yes No
 a. If yes, indicate which vehicles and who will operate them including spouses and children. Provide the names, license numbers and dates of birth for each operator

| Full Name | State / License Number | Date of Birth |
|-----------|------------------------|---------------|
| | | |
| | | |
| | | |

6. Any autos, trucks or trailers sold? Yes No
 a. If yes, describe: _____

EMPLOYEE AND DRIVER SELECTION

| | | |
|----|--|--|
| 1. | Are MVR's checked prior to hire and on a regular basis thereafter? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Are background checks used for prospective employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | a. If yes, what service do you use? | |
| 3. | Is a road test given? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Any employees under age 21 or over age 65? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Do you have a written policy for the use of cellular phones while driving? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Do employees ever use their personal vehicles for company business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | a. If yes, do you require verification of personal insurance and limits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

 Producer Name (Please Print)

 Producer Signature

 Date

 State Producer License No. (Required in FL)

 Applicant Name (Please Print) Applicant

 Signature

 Date