



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

EQUIPMENT RENTAL APPLICATION

General Information

Date: _____

- Applicant (full legal name of person to be insured): _____
- Street Address: _____
- City: _____ State: _____ Zip: _____
- Telephone Number: _____ Email: _____ Date of Birth: _____
- Driver's License No.: _____ State of Issuance: _____ Expiration Date: _____
- List the insurance policies you currently have in force; you must include the carrier, policy number and effective dates (Attach additional pages if necessary):
 Type: _____ Carrier: _____ Policy Number: _____ Effective Dates: _____
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- You must fully and completely disclose any and all liability losses and attach additional pages if necessary?

- What is your previous experience with equipment rental(s) of a similar type? _____

Additional Operators (Attach additional pages if necessary. All operators must be fully disclosed with all information requested below. If an operator is not listed here with full details, they will not have coverage under the policy.)

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Email: _____ Date of Birth: _____
 Driver's License No.: _____ State of Issuance: _____ Expiration Date: _____
 Previous experience with equipment rental(s) of similar type? _____

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Email: _____ Date of Birth: _____
 Driver's License No.: _____ State of Issuance: _____ Expiration Date: _____
 Previous experience with equipment rental(s) of similar type? _____

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Email: _____ Date of Birth: _____
 Driver's License No.: _____ State of Issuance: _____ Expiration Date: _____
 Previous experience with equipment rental(s) of similar type? _____

Rental Information

Location of rental (if different than Applicant's address): _____

City: _____ State: _____ Zip: _____

Dates of Rental:

Start Date: _____ Start Time: _____

End Date: _____ End Time: _____

Where are you renting the equipment from?

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Equipment (Attach additional pages if necessary. All equipment information must be fully disclosed with all information requested below fully provided. If rental equipment is not rented here and fully described, there will be no coverage under this policy.)

(1) Type: _____ Make: _____ Model: _____ Year: _____ Value: _____ Vin #: _____

(2) Type: _____ Make: _____ Model: _____ Year: _____ Value: _____ Vin #: _____

(3) Type: _____ Make: _____ Model: _____ Year: _____ Value: _____ Vin #: _____

(4) Type: _____ Make: _____ Model: _____ Year: _____ Value: _____ Vin #: _____

Limits

Silver: \$25,000 per person, \$50,000 per accident, \$100,000 aggregate

Gold: \$50,000 per person, \$100,000 per accident, \$200,000 aggregate

Platinum: \$100,000 per person, \$200,000 per accident, \$400,000 aggregate

Other: _____

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

***Applicant is submitting this application for a liability quote only.**

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print name

Print name