

Rent-ItGuard® INSURANCE PROGRAM

Willis Programs

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www.willisprograms.com

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:

		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