

ENERGY Equipment Rental Supplemental Application

Named Insured _____

Effective Dates: ____/____/____ TO ____/____/____

Number of years in business: _____

Gross Receipts - Rental Operations: \$ _____

RENTAL OPERATIONS

- 1) Does the insured ever rent equipment *TO OTHERS*? YES / NO
- 2) If yes, what *types of equipment* do they rent? _____
- 3) Does the insured's rental / lease agreement include a condition requiring *proof of insurance* prior to the equipment being rented? YES / NO
- 4) If yes, does insured *obtain / retain copies of Evidences of Insurance* when provided by customers? YES / NO
- 5) Are customers qualified *in proper operation* of rented items? YES / NO
- 6) Does the rental / lease agreement *require lessees to be responsible* for all loss or damage to equipment? YES / NO
- 7) Does the insured offer a *Physical Damage Waiver* to lessees? YES / NO
If yes, what percentage of rental revenue elects the physical Damage Waiver?
_____%.
- 8) Please attach *complete copy of the lease or rental agreement* currently in use.

LOSS HISTORY

List all losses that have occurred in last 3 years:

(Please attach 3 year prior carrier hard copy loss runs)