



Taylor & Taylor Associates, Inc.  
Taylor & Taylor, Ltd.  
www.taylorinsurance.com

## EQUIPMENT RENTAL HOUSE SUPPLEMENTAL QUESTIONNAIRE

1. Insured: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Business Address (if different): \_\_\_\_\_
4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
5. Applicant is: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Limited Liability Company \_\_\_ Other
6. PLASA Member Yes \_\_\_ No \_\_\_
7. Owners Name & Title: \_\_\_\_\_
8. Years in business: \_\_\_\_\_
9. (a) Type of equipment rented/sold: \_\_\_\_\_  
\_\_\_\_\_

(b) Attach list of equipment with Replacement Cost Values.

10. Receipts for last 3 years:

Year	Sales Receipts	Rental Receipts
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Estimated Annual Receipts for policy term:

Sales Receipts	Rental Receipts
_____	_____

12. (a) Do you have a rental contract Yes\_\_\_\_ No\_\_\_\_ Please attach a copy.

(b) Do you require evidence of property and liability insurance from each rentee?

Yes\_\_\_\_ No\_\_\_\_

(c) What are the minimum limits you require?

Property: \_\_\_\_\_

Liability: \_\_\_\_\_

(d) Do you require rentee to add you as additional insured and loss payee on the rentee's insurance? Yes\_\_\_\_ No\_\_\_\_

13. Describe all losses in the last five (5) years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. (a) Do you perform credit checks on the rentee prior to releasing the equipment?

Describe: \_\_\_\_\_

(b) Do you perform a background check on the rentee prior to releasing equipment?

Please describe in detail: \_\_\_\_\_

\_\_\_\_\_

(c) (1) How are certificates of insurance verified? \_\_\_\_\_

\_\_\_\_\_

(2) Any criteria for acceptable insurance company? \_\_\_\_\_

15. (a) List individuals and titles of anyone who has authority to release equipment to customers.

Name

Title

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) Are background checks done on new hires? Yes\_\_\_\_ No\_\_\_\_

Describe: \_\_\_\_\_

(c) Are duplicate sign-offs required for large camera packages? Yes\_\_\_\_ No\_\_\_\_

16. Are rental files reviewed periodically to ensure correct procedures are being followed?

Yes \_\_\_\_\_ No \_\_\_\_\_

17. (a) Do you manufacture or modify any products? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain yes answer \_\_\_\_\_

(b) Do you rent equipment with operators? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain yes answer \_\_\_\_\_

(c) Do you do install, rig, or set up any equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain yes answer \_\_\_\_\_

18. Premise Information

**Building**

Construction Type \_\_\_\_\_ (Ex: Wood Frame, Brick, Joisted Masonry, Fire Resisitive)

Year Built \_\_\_\_\_

Roof Type \_\_\_\_\_ Year when last updated \_\_\_\_\_

Give year when each of following were last updated

Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_

HVAC \_\_\_\_\_

Private Fire Protection \_\_\_\_\_

Private Burglar Protection \_\_\_\_\_

Public Fire Protection \_\_\_\_\_

Any history of flooding or sewer backup at the location? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe

\_\_\_\_\_

How is inventory stored? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Limits and Deductibles for the following coverages:

	Limit	Deductible
Equipment	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Office Equipment	\$ _____	\$ _____
Resumption of Operations	\$ _____	\$ _____
Electronic Data Processing		
a. Hardware	\$ _____	\$ _____
b. Software	\$ _____	\$ _____
c. Extra expense	\$ _____	\$ _____
Money & Currency	\$ _____	\$ _____

**WARRANTY**

The Rental House Equipment Floater does not insure property where no written contract or written agreement exists between you and the rentee or leasee of the property, specifically stipulating that the rentee or leasee shall bear and assume full responsibility for the risk of any loss or damage to such property from any cause whatsoever. It is further acknowledged that the applicant understands that a contract of insurance is being issued based on the statements made in this application. Any misrepresentation of the information provided herein may void the insurance policy.

Applicants Name (Please Print): \_\_\_\_\_

ApplicantSignature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_