

# RENTAL LIABILITY

Proposed effective date: \_\_\_\_\_ When is the quote needed by?: \_\_\_\_\_

Are you working with an agent/broker?  Yes  No

Producer name: \_\_\_\_\_ Producer phone number: \_\_\_\_\_

Producer e-mail: \_\_\_\_\_

## A. General Information

Applicant's name: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you have more than one location?  Yes  No

Physical address of business if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a new business?  Yes  No

Date business started: \_\_\_\_\_ Years in business: \_\_\_\_\_

Please list the business owners and decision makers involved in the business:

Name	Role	Contact Number	E-mail Address

Annual payroll: \$ \_\_\_\_\_ Annual gross receipts: \$ \_\_\_\_\_

Does the insured have any contract requirements? (If yes, please attach a copy)  Yes  No

**B. Insurance History**

Why is the insured seeking new coverage?: \_\_\_\_\_

What is the target premium?: \_\_\_\_\_

Is the current insurance carrier offering a renewal quote?  Yes  No

If yes, please provide the premium offered: \_\_\_\_\_ If no, explain: \_\_\_\_\_

Current coverage/company information:

Company name			
Coverage			
Limits			
Annual premium	\$	\$	\$

Provide names for all insurance companies that have provided applicant insurance for the last three years:

Company name			
Expiration date			
Annual premium	\$	\$	\$
Limits			
Coverage type			

Are any other markets offering coverage?  Yes  No

If no, please explain: \_\_\_\_\_

If yes, please provide limits, coverage and premium: \_\_\_\_\_

Has the applicant or any predecessor ever had a claim?  Yes  No

Policy term		Paid claims	Reserved claims	Total incurred claims
From	To			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

**Attach/ upload a five-year loss/claims history, including details (if unable to upload will need detailed summary in order to provide valid indication).**

Are you aware of any incident, event, or occurrence, loss that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss which was not reported to your prior carrier?  Yes  No

If yes, please explain: \_\_\_\_\_

**C. Desired Insurance**

Per act/aggregate OR Per person/per act/aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$100,000/\$300,000	<input type="checkbox"/>	\$50,000/\$100,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$2,500  \$5,000  Other: \_\_\_\_\_

**Inland Marine/Physical Damage Deductible:**  \$1,000 (Minimum)  \$2,500  \$5,000  Other: \_\_\_\_\_

**D. Business Activities**

**Length of season:** \_\_\_\_\_

Premises/locations (please include any information that adequately describes your premises, i.e, photos, diagrams, brochures, etc.).

Physical address	Use	Acreage/ square footage	Type of location (area, river, National Forrest, park)	Premises liability requested
				Y / N
				Y / N
				Y / N

Check the applicable equipment and how many operated.

Unit	# of units	Unit	#of units	Unit	#of units
<input type="checkbox"/> Automobiles		<input type="checkbox"/> Snowmobiles		<input type="checkbox"/> Mopeds/scooters	
<input type="checkbox"/> ATV/UTV		<input type="checkbox"/> Snow cat		<input type="checkbox"/> Motorcycles	
<input type="checkbox"/> Dirt bikes		<input type="checkbox"/> Motor boats		<input type="checkbox"/> Motorhomes/RV	
<input type="checkbox"/> High performance or exotic autos		<input type="checkbox"/> Personal watercrafts		<input type="checkbox"/> Kayaks/canoes	

**Attach equipment schedule (REQUIRED)**

Supply estimated participation statistics:

Equipment Type	Annual gross receipts	Annual no. of guests or participants	X	No. of days each person participated	=	Total user days	Guided Trips
			X		=		Y / N
			X		=		Y / N
			X		=		Y / N

	Last year	Estimated for this year
Retail sales	\$	\$
Rental fees	\$	\$
Guided trips	\$	\$
Other (please describe):	\$	\$
Total	\$	\$

Do you operate any other type of business or any other type of outfitting/guiding operations?  Yes  No

If yes, please provide details: \_\_\_\_\_

Do you have any sales of equipment or dealership operations? (**\*Outline receipts above**)  Yes  No

If so, list types of equipment sold: \_\_\_\_\_

**E. Employees**

What is the minimum age for employees?  16–18  18–21  21+

What are the minimum requirements and certifications for being an employee with your company? \_\_\_\_\_

Road-use equipment: Are employee MVRs reviewed at a minimum annually?  Yes  No

Describe required training for reviewing MVRs: \_\_\_\_\_

**F. Risk Management**

Please list First Aid supplies and rescue equipment provided per rental. \_\_\_\_\_

What is the minimum and maximum age of participants? Renter: Min: \_\_\_\_\_ Max: \_\_\_\_\_

Operator: Min: \_\_\_\_\_ Max: \_\_\_\_\_ Multiple passenger riders: Min: \_\_\_\_\_ Max: \_\_\_\_\_

Do you use any of the following? (**Please enclose samples of all of the following that you use**)

	We currently utilize	We agree to implement
Outline risks of renting equipment in all literature, marketing	<input type="checkbox"/>	<input type="checkbox"/>
System for collecting complete names/addresses of operators/passengers	<input type="checkbox"/>	<input type="checkbox"/>
Liability release form	<input type="checkbox"/>	<input type="checkbox"/>

**A Liability Release will be provided at binding to use for all rentals; only our release will be acceptable**

Is there a suggested clothing or equipment list for your customers?  Yes  No

Are helmets provided with all rentals regardless of age? **Describe helmet types available**  Yes  No

If yes, please explain: \_\_\_\_\_

Please list any required clothing or equipment during the rental: \_\_\_\_\_

Do you conduct a pre-ride briefing or safety check?  Yes  No

Do you have a written pre-ride briefing or safety check? **If yes, please provide a copy**  Yes  No

Do you provide or require any type of communication devices during the rental (two-way radio, cell phone, etc.)?  Yes  No

What requirements do you review to approve renters? \_\_\_\_\_

List reasons you would decline a person from renting: \_\_\_\_\_

Do you utilize video recording of signed waivers?  Yes  No

Do you verify or require insurance from renters on non-road use equipment?  
 Require  Require and Verify  Neither

Do you verify or require insurance from renters on road/use equipment?  
 Require  Require and Verify  Neither

Please explain process: \_\_\_\_\_

What type of experience is required to rent equipment? \_\_\_\_\_

How is experience evaluated? \_\_\_\_\_

**Automobiles/Exotic Autos:**

Average length of a rental contract: \_\_\_\_\_ Average cost per day: \_\_\_\_\_

Do you offer chauffeur services with the rental?  Yes  No

**G. Equipment**

Who is responsible for equipment maintenance? \_\_\_\_\_

How often is equipment checked and inspected? \_\_\_\_\_

Do you keep any maintenance records?  Yes  No

If yes, please describe: \_\_\_\_\_

Do your customers rent any of your non-motorized equipment?  Yes  No

If yes, list all rented equipment other than motorized units: \_\_\_\_\_

**H. Renter's Liability Program**

We offer a secondary policy option to cover your renter's for third party liability and care custody and control coverage up to a scheduled actual cash value amount. Coverage can be provided as a comprehensive package along with a commercial liability policy. I would like a quote for the Renter's Liability Program?  Yes  No

*\*ACV needed in order to offer terms; quote will be developed based on the ACV and number of rental days listed above.*

**I. Schedules**

Please list all entities requiring Additional Insured Certificates: (supply address, fax/email and phone # separately)

	Land owner	Government agency	Concessions, contracts	Other (describe):	Additional Insured
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**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 Applicant'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