



3660 N Lake Shore Dr, Suite 2602, Chicago 60613

Rental House Insurance Application

General Information

Named Insured:	
Select Entity Type:	
Country of Residence:	
Country of Registration:	
Primary Address, City, State, Zip:	
Mailing Address, City, State, Zip:	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID / Social Security Number:	
Description of Operations:	

Revenue

	Last 12 Months	Next 12 Months
Rental Revenue		
Sales of Products Revenue		
Other Revenue (describe)		
Total Revenue		

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Insurance History

	Yes / No
Any insurance declined or cancelled in the past 3 years? If yes provide details:	
Any losses in the past 3 years? If yes, provide details below.	

Policy / Line	Date of Loss	Description of Loss	Amount of Loss
			\$
			\$
			\$

	Yes / No
Any prior insurance coverage? If yes, provide details below.	

Policy Type	Carrier	Policy #	Expiration Date	Premium
				\$
				\$

Business Details

Years of Industry Experience	
Type of Equipment Rented to Others	
Types of Products Sold, If Any	
Hours of Operation	
Number of Employees	
Maximum Equipment Value Per Rental \$	
Number of Rentals Per Year	
Average Rental Duration (Days)	

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Rental Procedures

All equipment registered in automated system?	
Rental contract transfers responsibility for loss, damage, theft, and liability to renter?	
Rental contract contains hold harmless clause?	
Credit checks obtained on customers?	
Certificates of insurance required naming rental house as additional insured and loss payee prior to equipment release?	
Credit cards are run for all rentals?	
Valid identification required before releasing equipment?	
Require and verify references?	
Contact customers' insurance agents to verify limits and coverages?	
Any installation, staging, rigging, design or construction services? (If yes, separately describe.)	
Are operators provided with equipment? If yes, what percentage of the time?	

Building Details

Type of Construction:	
Year Built:	
If older than 15 years, year of most recent update to:	Year
Wiring	
Heating	
Plumbing	
Roofing	
Total Area of building (square feet):	
% of Building Square Footage Occupied by Applicant:	
Number of Employees at Location:	
Number of Stories:	
Other Building Occupants by Type (residential, office, retail, manufacturing...):	
Sprinklered?:	
Square Footage of Building that is Unoccupied / Vacant:	
Burglar alarm company, if any:	

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Coverages

Effective ___/___/___

General Liability

Coverage	Limit	Deductible
Occurrence		N/A
Aggregate		N/A
City Certificates (Include or Exclude)		N/A
Waiver of Subrogation (Include or Exclude)		N/A
Employee Benefits Liability		N/A

Automobile

Coverage	Limit	Deductible
Hired & Non-Owned Auto Liability		N/A
Waiver of Subrogation (Include or Exclude)		N/A
Hired & Non-Owned Auto Physical Damage per Vehicle		
Hired & Non-Owned Auto Physical Damage Aggregate		

****If you requested Hired & Non-Owned Auto coverage, please complete the following:***

Cost of hire (mobile studio/film trucks) \$	
Cost of hire (other vehicles) \$	
Loaned / Donated Vehicles # of days	

Workers Compensation*

Coverage	Limit	Deductible
Employer's Liability		N/A
All States Endorsement (Include or Exclude)		N/A
Waiver of Subrogation (Include or Exclude)		N/A

****If you requested workers comp coverage, please complete the following:***

Number of full-time employees	
Number of part-time employees	
Total Compensation (pay) \$	

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Coverages cont:

Inland Marine

Coverage	Limit	Deductible
Equipment (Camera, Lighting, Sound, ...)		
Props, Sets, Wardrobe		
Business Personal Property (Contents)		
Electronic Data Processing Equipment (Computers)		
Business Income & Extra Expense		
Worldwide Coverage Territory		

Excess Liability

Coverage	Limit	Deductible
Occurrence Limit		N/A
Aggregate Limit		N/A

Note: Availability of coverage will depend on individual risk characteristics and the state in which the insured is located.

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THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant Signature: _____

Date: _____