

Rental House Application

About This Program

This application is used to insure companies that supply the entertainment, sports and leisure industry with equipment.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Schedule/Inventory of Owned Equipment
- Sample Rental Contract

Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any prior insurance coverage? If yes, provide details below				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy Type	Carrier	Policy #	Expiration Date	Premium	
			/ /		
			/ /		

Any losses in the past 3 years? If yes, provide details below.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy/Line	Date of Loss	Description of Loss	Amount of Loss		
	/ /				
	/ /				

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General Information, Procedures & Revenue

General Information

Years of Industry Experience	
Type of Equipment Rented to Others	
Types of Product Sold (if any)	
Hours of operations	From: _____ To: _____
Number of employees	
Maximum equipment value per rental	
Number of rentals per year	
Average rental durations (days)	
Vehicles Rented To Others (if yes, complete vehicle/driver schedule)	<i>Currently not available</i>
If hired/non-owned auto coverage is required:	
Cost of hire (other than mobile studios/film trucks)	_____
Cost of hire (mobile studios & film trucks)	_____
Loaned or Donated autos (#, days)	# _____ Days

Procedures

All equipment is registered in an automated system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rental contract is used that transfers responsibility for loss, damage, theft, liability to the renter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rental Contract contains a hold harmless clause	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Credit checks obtained on customers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificates of insurance required naming studio as additional insured and loss payee before releasing equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Credit Card is run for all rentals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Valid identification required before releasing equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Require and verify references	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact customer's insurance broker to verify limits and coverages.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Installation, staging, rigging, design, construction? If yes, describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operators provided with equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What percentage of rentals include operators		
Equipment remains with operators (not left with 3 rd parties)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Revenue

	Last 12 months	Upcoming 12 months
Rental Revenue		
Sales of Product Revenue		
Other Revenue (describe)		
Total Revenue		

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Location Information

Location Details

Year Built	
Construction Type	
Area Occupied (square feet)	
Alarm Type	<input type="checkbox"/> Smoke <input type="checkbox"/> Fire <input type="checkbox"/> Burglar
Alarm Monitoring Company	
Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection Class (1 - 10)	
Maximum Value of Equipment/inventory at this location	
Warehouse used to keep additional equipment/inventory? If yes, provide: Address Square Feet Alarm Info Maximum Value of equipment/inventory at warehouse	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____ _____

For additional locations, duplicate this page.

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Coverages

Dates of Coverage

Effective: / / (12 month coverage term)

Coverage	Limit	Deductible
General Liability (* Indicates required coverages)		
Occurrence / Aggregate Limit *		n/a
Blanket Additional Insureds/Certificates of insurance *	Included	n/a
City Certificates	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Employee Benefits Liability		
Stop Gap Liability (OH, WA, ND, WY only)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Inland Marine

Coverage	Limit	Deductible
(* Indicates required coverages)		
Owned Equipment, Props, Sets, Wardrobe *		
Rented Equipment, Props, Sets, Wardrobe		
Office Contents - furnishings, fixtures, improvements & betterments (all states but WA)		
Office Contents - furnishings, fixtures (WA only)		
Office Contents - items in storage		
Business Income & Extra Expense		
Resumption of Business Operations		
Loss of Rental Income Coverage		
Rental House Errors And Omissions		
Installation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
EDP		
Limited Computer Virus Coverage		
Accounts Receivable		
Valuable Papers		
Money & Securities		
Waiver of Subrogation		
Worldwide Coverage Territory	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Earthquake (Applicable only in CA, KY, IL, MO, OR, WA)		
Full Coverage (option 1)	Equals Equipment limit	5% of equipment limit
Full Coverage (option 2)	Equals Equipment limit	10% of equipment limit
Sublimit (option 3)	500,000	25,000
Sublimit (option 4)	250,000	10,000
Sublimit (option 5)	100,000	Same as equipment
Sublimit (option 6)	50,000	Same as equipment
Sublimit (option 7)	25,000	Same as equipment
Sublimit (option 8)	10,000	Same as equipment
Coverage Extension Endorsement (Valuable Papers 25000, Signs 10000, Outdoor Property 5000 Per Item 25000 Total, Electronic Media And Records 5000, Debris Removal 50000, Employee Dishonesty 5000, Fire Department Service Charges 25000, Fire Equipment Recharge 10000, Pollutant Clean Up And Removal 15000, Sewer Backup 25000, Temporary Location 25000, Accounts Receivable 25000, Money & Securities 5000)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	500

Automobile

Coverage	Limit	Deductible
(* Indicates required coverages if Automobile is purchased)		
Hired & Non-Owned Auto Liability *		n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	

Excess Liability

Occurrence / Aggregate Limit		n/a
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Applicant Signature: _____

Date: _____

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: _____

Insurance Agency/Agent: _____

License Number: _____

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

Fraud Warnings Disclosure

Please read the statement applicable to your state and the final statement. Then sign, date and return with your application.

- ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
- ARKANSAS, LOUISIANA, RHODE ISLAND, or WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FLORIDA:** Any person who knowingly and with intent to defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, or to or by a broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be subject to criminal and/or civil fines or penalties.
- KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other 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.
- MAINE, TENNESSEE, VIRGINIA, or WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- OREGON:** Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
- PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.
- TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, TX, VA, VT, WA, and WV.)

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact may render this policy, if issued, voidable at inception or otherwise cancelled.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. 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.

_____ SIGNATURE OF APPLICANT	_____ DATE
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