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Agent Name _____
and Address _____
Phone _____ Fax _____

Contractors Equipment Rental Supplemental Application

General Information

Proposed Effective Date _____
Applicant Name (Legal) _____ Applicant Name (DBA) _____
Web Address _____ Phone _____

Number of years experience _____
Number of years the business has been in this location _____
Number of years the applicant has owned this business _____ ☐ Check if New Venture
Hours of Operation From _____ To _____ Number of days business is open per week _____
Have you owned another business under a different name or entity? ☐ Yes ☐ No
If yes, please explain: _____

Do you own any other businesses or have any other locations? ☐ Yes ☐ No
If yes, please explain: _____

Operations

1. Estimated annual _____ Gross receipts _____
2. Total number of employees: _____ Does applicant lease any employees? ☐ Yes ☐ No
Does applicant have Workers' Compensation in force? ☐ Yes ☐ No
3. Any work subcontracted? ☐ Yes ☐ No If yes, please explain: _____
a) Cost of subcontracted? _____ b) Are certificates of Insurance required? ☐ Yes ☐ No
4. List equipment being rented (if available , attach equipment schedule) _____

5. Describe work being done: _____

6. If residential work is done, state percentage of work involving new verses existing construction:
a) New _____ % Existing _____ %
b) Any work involving residential tract developments? ☐ Yes ☐ No
c) If yes, please state percentage of work involving tract developments versus custom homes:
Tract _____ % Custom _____ %
7. Is all equipment rented with operators? ☐ Yes ☐ No

If any equipment is rented without operator, a copy of the contract is required

8. Does applicant have a contractors license? ☐ Yes ☐ No If yes, state type of license _____
9. Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines?
☐ Yes ☐ No Explain _____
10. Is all self-propelled mobile equipment transported to job site on trailers? ☐ Yes ☐ No
Explain _____
11. If shoring is required on a job, does applicant employ OSHA-approved equipment and techniques? ☐ Yes ☐ No
Explain _____
12. Does applicant hold other persons' property for service, storage or repair? ☐ Yes ☐ No
Explain _____
13. If renting a water truck, is the vehicle licensed? ☐ Yes ☐ No
If yes, give name of auto insurance carrier and limits of liability: _____
14. Any removal of underground fuel tanks? ☐ Yes ☐ No
15. Any work on hillsides or slopes? ☐ Yes ☐ No
16. Any oil field work? ☐ Yes ☐ No
17. Does applicant use explosives? ☐ Yes ☐ No

FRAUD NOTICE

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.

STATE SPECIFIC PROVISION

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.

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.

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.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant	_____	Producer	_____
Signature	_____	Signature	_____
Date	_____	Date	_____