Rental House / Production Services
Supplemental Application

A. General Information

1. Name of company:

2. Years in business:

3. Describe the scope of your lessee/client operations:

4. Complete the annual revenue information below and **submit the contract copies** which apply to the types of revenue.
***Please break out costs of equipment sub-rented from others on its own line.**

Equipment rental, production or event service, or retail operation	Revenue **Costs*	% with operators	Responsible for transit?
		%	☐ Yes ☐ No
		%	☐ Yes ☐ No
		%	☐ Yes ☐ No
		%	☐ Yes ☐ No
		%	☐ Yes ☐ No
		%	☐ Yes ☐ No

5. What were your revenue totals for the prior three years?

YEAR: REV:	YEAR: REV:	YEAR: REV:

6. How do you validate your clients' credit history and insurance?

7. If the statement of value does not estimate the Inland Marine **equipment** per location, please complete the table below (Inland Marine coverage is worldwide, subject to policy conditions):

Location	Values	% attached to autos	Security and fire safety details
		%	
		%	
		%	
		%	
		%	

8. Do you rent any unique or high-value equipment that is difficult to replace?
(ex: special camera systems, LED screen systems) ☐ Yes ☐ No

a. If yes, please describe, provide values and #:

9. Please describe your on-site inventory system:

10. How do you control vendor and employee access to high-value equipment during operating hours?

11. Do your employees deliver or pick up equipment? ☐ Yes ☐ No

a. If yes, what is the average and maximum radius of the transit of equipment and operators?	
12. What are the average values and maximum values on any one truck?	
13. Is your equipment used for specialized stunt, pyrotechnics, rigging, filming or event hazards?	☐ Yes ☐ No
a. If yes, please describe:	

B. If you provide equipment rentals with operators, please answer the questions below.
For any YES answers, please provide specific details. (Sample contracts must be provided).

1. What is the average and maximum value rental? Include equipment values and service values:			
2. Number of events annually:	Outdoor:	Indoor:	
3. Do you temporarily install or rig equipment?			☐ Yes ☐ No
a. If yes, please describe if this includes staging, bleachers, roof trusses, or mobile stages.			
b. At what average and maximum heights?			
4. Describe items typically hoisted, lowered, rigged or on hook?			
5. What is the percentage of climbing/work at heights payroll?			%
6. What is the average height?	What is the maximum height?		
7. Do you rig any mobile equipment?			☐ Yes ☐ No
8. Do you lease any cranes or scissor lifts?			☐ Yes ☐ No
9. Does any of your equipment support people or support equipment above people?			☐ Yes ☐ No
10. Does your equipment include weather monitoring devices?			☐ Yes ☐ No
11. Do your operations include high wind action plans			☐ Yes ☐ No
12. Do you rent special equipment from others?			☐ Yes ☐ No
a. If yes, please describe and include values:			
13. Do you do any manufacturing or fabrication?			☐ Yes ☐ No
a. If yes, please describe:			
14. Do you hire subcontractors?			☐ Yes ☐ No
a. If yes, please describe their duties:			
b. What are the subcontracting costs?			
c. Are they ETCP certified?			☐ Yes ☐ No

d. Please describe how you validate their insurance coverage, and what limits you require for General Liability and Workers' Compensation?
e. Specify any and all work being performed by subcontractors in the state of NY.
f. Whom do you indemnify and/or issue certificates to? Provide names and responsibilities.
15. Provide equipment security steps taken for off-site work and overnights:

C. Permanent Installations

1. Does the insured install permanent stages or trusses?	☐ Yes ☐ No
2. What is the range of job costs and average job cost for permanent installations?	
3. Do permanent installations include audio-visual gear?	☐ Yes ☐ No
4. Do permanent installations include LED walls or large screens?	☐ Yes ☐ No
5. Provide installation details:	
6. Does the insured install permanent electrical power lines, breaker panels, and/or tap into same as part of completing their installations?	☐ Yes ☐ No

Authorization Statement

I, being duly authorized by the company applying for coverage, declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

☐ I hereby agree to the above statement

Name:	Title:	Date:

Agent or Producer:

Name:	Title:	Date: