



Salt Lake City Area Office
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 Chicago, IL 60606
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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