

RENTAL APPLICATION

Broker Contact Name/Email: _____

1. GENERAL INFORMATION (PLEASE PRINT OR TYPE)

Official/Legal Name and Address of the Organization:

Website Address: _____

Years the organization has been operating with current owner/operator: _____

Applicant for this Insurance is:

Individual Partnership Corporation Joint Venture Other

Please indicate limits required for General Liability

2 Million 5 Million

2. DESIRED EFFECTIVE DATE FOR COVERAGE: _____

Target Premium (if known): _____

3. AFFILIATIONS

(a) Provincial: _____

(b) National: _____

(c) Paid Membership: _____

(d) Other: _____

4. RENTAL INFORMATION

What products do you rent: _____

Do you follow the standard safety measures as set by your governing body?: _____

What safety gear is required to operate your equipment: _____

Do you have the client (participant) sign a waiver for the equipment: Yes No

Do you have a client (participant) package of information for safety issues, medical information, waivers, rules and regulations while renting? Yes No

If yes, please submit a sample

What is your policy regarding alcoholic beverages while renting equipment:

When you rent your equipment, what procedures do you follow:

1. Required age to rent: _____

2. When the equipment comes back, are there any checks performed: _____

If yes, what checks are performed: _____

What are the total receipts for rentals: _____

What is the percent of total receipts: _____ %

What are the total receipts for retail sales: _____

What is the percent of total receipts: _____ %

