



ARA RENTAL INSURANCE QUESTIONNAIRE

Phone – 800-821-6580

Fax – (816) 474-1931

Business Name: _____	Owner's Name(s) if different from Business Name: _____
Address: _____	FEIN: _____
Zip Code _____	Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____
Phone: () _____ Fax: () _____	# Employees _____ # Years In Rental Business _____
E-mail address: _____	(If less than 3 years, provide prior exp. under Comments)
EFFECTIVE DATE: _____	Contact Person for Inspection: _____
Date Quote Needed: _____	Current Member of ARA YES <input type="checkbox"/> NO <input type="checkbox"/> (Must be a Member)
Current Ins Company: _____	Current ARA Membership #: _____
Renewal Date: _____	How did you hear about ARA Insurance Services: _____

- Do you rent or sell life supporting/sustaining equipment, recreational use products, jet ski, ski boat, or other watercraft, scuba gear, snowmobiles, sleds, ATV's, downhill skis, motorcycles YES NO
If yes, describe type of equipment _____
- Describe your maintenance record system, i.e. equip tagging, log _____
- How do you store your maintenance records? Computer Paper File Other (describe) _____
- How many years do you keep maintenance records? _____
Do you keep a back-up copy at another location? YES NO
- Do you provide equipment operating instructions at time of rental? YES NO
Written? YES NO Oral? YES NO
Do you require the customer to initial receipt of instructions on the contract? YES NO
- Do you install permanent hitches? If yes, estimated annual receipts \$ _____ YES NO
- Do you repair equipment other than your own? YES NO
Type of equipment _____ Annual receipts \$ _____ Annual payroll \$ _____
- Do you rent any equipment with operators? YES NO
- Do you perform contract work for others? If yes, describe _____ YES NO
- Do you test electrical rental equipment for shortage or leakage? YES NO
- Do you have a formal safety program? If yes, describe _____ YES NO
- Do you manufacture any products? If yes, describe _____ YES NO
- Do you rent equipment that is used over water or on board a vessel? Describe _____ YES NO
- Do you own or operate any other business? Name/Description _____ YES NO
Location _____

Additional comments

COMPLETE IF YOU RENT LIFTS

(Aerial Lifts, Scissors Lifts, Man lifts, Fork Lifts, Articulating Boom, Telescoping booms, Crane trucks, Boom Trucks, etc.)

1. Annual rental revenues for all lifts: \$ _____
2. Attach a list of all lifts identifying:
 - Make, Model, Serial Number, and Year Built of each lift
 - The purchase date and purchase cost of each lift
 - Maximum length of reach and/or lift capacity of each unit.
3. Please specify what service and maintenance schedules (Manufacturer, ANSI, OSHA, etc.) you follow, and attach a sample copy of each service or inspection checklist you use; _____
4. Are employees trained and certified on lift and/or crane inspecting and servicing? YES NO
5. Do you require your customers to provide certificates of insurance prior to renting lifts? YES NO

COMPLETE IF YOU RENT SCAFFOLDING

1. Estimated annual scaffolding rental receipts \$ _____
2. Do you erect scaffolding? YES NO
3. Does your rental contract:
 - Require written customer rejection of safety rails? YES NO
 - Separately list all scaffolding components rented. YES NO

COMPLETE IF YOU RENT TENTS

1. Annual tent rental receipts \$ _____
2. How long have you been renting tents? _____ Years
3. Do you complete a site survey? YES NO
4. Describe employee training for tent erection _____
5. Are employees certified under the ARA CERP program? YES NO

COMPLETE IF YOU HAVE TRAILERS

1. Number of trailers _____
2. Do all trailers over 3,000# GVW have brakes? YES NO
3. Estimated annual trailer rental receipts \$ _____
4. Are employees trained on the "Ready to Tow" program? YES NO
5. Estimated annual delivery receipts involving trailers \$ _____

AMUSEMENT ATTRACTIONS

COMPLETE IF YOU HAVE ANY OF THE FOLLOWING:

Inflatable Rides or Attractions, Amusement or Recreational Items, Slides, Bungees, Water Games, Rock Climbing Walls, Interactive Games, Trains, etc.

	<u>Name of Attraction</u>	<u>Manufacturer</u>	<u>Serial Number</u>	<u>Year</u>	<u>Purchase Price</u>
1.					
2.					
3.					
4.					

Attach additional schedules as needed to include all items.

PROPERTY INFORMATION

Location # _____ Building # _____ Own Lease Building used for _____

ADDRESS: _____ (include Zip Code)

Subject of Ins.	Amount	No. Stories	Total Area	Year Built	Year Updated	
					Wiring	
Building	\$					
Contents including Tools, Employee Tools, Office Supplies, Computer Hardware and Programs, Shelving, Advertising Materials, etc	\$	Constr. Frame <input type="checkbox"/> Metal <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____			Heating	
		Sprinklered? Yes <input type="checkbox"/> No <input type="checkbox"/> Alarms? Yes <input type="checkbox"/> No <input type="checkbox"/> Central Station <input type="checkbox"/> Local Fire <input type="checkbox"/> Local Burglar <input type="checkbox"/> Other _____			Plumbing	
Bus. Income	\$				Roof	

Fire extinguishers updated? Yes No Distance to nearest fire station _____ Distance to nearest hydrant _____

RENTAL/SALES INVENTORY INFORMATION

INVENTORY BY LOCATION(S)

Loc. _____

ORIGINAL PURCHASE COST OF RENTAL INVENTORY

\$

ORIGINAL PURCHASE COST OF SALES INVENTORY

\$

PERCENT OF RENTAL INVENTORY VALUES STORED INSIDE

%

DEDUCTIBLE DESIRED: \$1,000 \$2,500 \$5,000 \$10,000

CONVERSION COVERAGE DESIRED? YES NO

GENERAL LIABILITY INFORMATION

Loc. _____

Estimated Total Annual RENTAL Receipts:	\$
% Contractor/Industrial Rentals	%
% Homeowners Rentals	%
% Party/Special Occasions Rentals	%
% Inflatables/Interactive Games Rentals	%
Estimated Annual SALES Receipts:	\$

OPTIONAL COVERAGES:

AUTO DESIRED? YES NO If yes, complete Auto application.
 WORK COMP DESIRED? YES NO If yes, complete Workers' Comp application.
 UMBRELLA DESIRED? YES NO If yes, complete Umbrella application.

Limit Desired

DESIRE REJECT LOSS OF MONEY Inside/Outside \$ _____ / \$ _____
 Type of Safe _____
 DESIRE REJECT EMPLOYEE DISHONESTY \$ _____
 Employee Count _____

SECURITY CHECKLIST

Complete one for each location

Yes	No	Location # _____
<input type="checkbox"/>	<input type="checkbox"/>	Building is equipped with Central Station Alarm system.
<input type="checkbox"/>	<input type="checkbox"/>	Camera Surveillance covers premises inside of the building.
<input type="checkbox"/>	<input type="checkbox"/>	Exterior lights remain on all night and illuminate all dark areas of premises.
<input type="checkbox"/>	<input type="checkbox"/>	Perimeter fencing and barriers are equipped with Central Station Alarm.
<input type="checkbox"/>	<input type="checkbox"/>	All storage areas at this location are secured in such a way that equipment cannot be removed from premises during non-business hours without causing property damage to perimeter fences, posts, chains, barricades and/or gates.
<input type="checkbox"/>	<input type="checkbox"/>	Wheel locks are used to secure equipment in lot.
<input type="checkbox"/>	<input type="checkbox"/>	A Satellite Tracking System is utilized on equipment valued over \$5,000.
<input type="checkbox"/>	<input type="checkbox"/>	Two forms of identification are required at time of rental of which at least one is a picture ID.
<input type="checkbox"/>	<input type="checkbox"/>	Fingerprinting of Renter is required at time of rental.
<input type="checkbox"/>	<input type="checkbox"/>	Photograph of Renter is taken.
<input type="checkbox"/>	<input type="checkbox"/>	Security information for theft prevention at Renter's job-site is obtained.
<input type="checkbox"/>	<input type="checkbox"/>	Certificates of Insurance listing you as an Additional Insured and Loss Payee are obtained from all commercial customers.
<input type="checkbox"/>	<input type="checkbox"/>	* Equipment valued over \$5000 is registered with National Equipment Registry.

* We will register equipment for you if you desire. We will need the information (make, model, serial number, etc) to do so.

Privacy Notification

A credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent renewals. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claim handling, servicing, underwriting and insurance marketing. You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent, or, if you have been issued a policy, please write us at the address provided with your policy

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to (NY: substantial) criminal and civil penalties.

APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE	
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FAX the following to (816) 474-1931 (Make sure store name is on each document) –

- 1. LEGIBLE COPY OF RENTAL CONTRACT (Front and Back)**
- 2. CURRENTLY VALUED COMPANY LOSS RUN (Past Four Years by Line of Coverage)**
- 3. INVENTORY LIST OR DEPRECIATION SCHEDULE**
– INCLUDE (Item Description, Purchase Price, Date Purchased)

We must receive all this information before your application can be processed.

Please be sure that your maintenance records, inventory lists and contracts are available for review by ARA Insurance Services or its representative when requested.