

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

CONTRACTORS EQUIPMENT RENTAL SUPPLEMENT (Complete in addition to ACORD Application)

| Proposed First Named Insured & Other Named Insured(s): | | | | | | | | |
|--|--|------------------|------------------------|---------------------------|----------------------|----------|----------|--|
| Loca | cation Address Street City County State | | State | ZIP Code | | | | |
| Rental Agreements are required and should be written in accordance with the UCC and include a hold harmless provision protecting the retailer and transferring liability to the lessee; An assumption of risk by the lessee for damage to the lessor's property. BUSINESS INFORMATION | | | | | | | | |
| | | rionool | | | | | | |
| 1. | Number of years' expe | | | | | | | |
| 2. | Total number of emplo | • | bla attack Carriage | ant Calaadala). | | | | |
| 3. | List equipment being r | enteu (ii avalia | ые, апасл Ефирпі | ent Schedule). | | | | |
| 4. | Describe work being d | lone: | | | | | | |
| | | | | | | Yes | No | |
| 5. | Any consumer rental (| i.e. for persona | al homeowner use i | n lieu of experience/lic | ensed | | | |
| | contractors on all cont | ractor/construc | ction/industrial equip | oment)? | | | | |
| 6. | Do you perform off-pre | emises consult | ation, installation or | repair and maintenan | ce service on any | | | |
| | equipment? | | | | | | | |
| 7. | Do you rent any of the | | pment: Derricks ar | d power shovels; Log | splitters; | | | |
| 0 | Demolition equipment | | | | | | | |
| 8. | Any sales of used equ | • | | _ | | | | |
| | If yes, describe and in | clude any warr | anties or guarantee | S. | | | | |
| 9. | Is all equipment rented | d with operator | ? | | | | | |
| | If any equipment is r | ented without | operator, a copy | of the contract is req | uired. | | | |
| | a. Do any operators | ever run the jol | os? | | | | | |
| | b. Do any jobs last lo | nger than 30 d | lays? | | | | | |
| 10. | Do you make a thorou | gh study of the | subsurface, includ | ing identification of exi | isting utility pipes | | | |
| | and lines? | | | | | | | |
| | Explain: | | | | | | | |
| 11. | Is all self-propelled mo | bile equipmen | t transported to job | site on trailers? | | | | |
| | Explain: | | | | | | | |
| 12. | Do you hold other pers | sons' property | for service, storage | or repair? | | | | |
| 40 | Explain: | • | | | | | NI - | |
| 13. | Any rental of the follow a. Barricades, Tempo | | ve Access Mats or | other read markings | | Yes | No | |
| | b. Skidders or other l | | | other road markings | | H | H | |
| | c. Trailer hitches | ogging oquipn | 10111 | | | H | H | |
| | d. Ladders | | | | | | | |
| | e. Scaffolds | | | | | | | |
| | f. Aerial work platfor | ms | | | | | | |
| | g. Trailers | | | | | | | |
| | h. Farm equipment | | | | | 님 | | |
| | i. Boilersj. Portable or hazard | lous waste tan | k | | | \vdash | \vdash | |
| | Explain: | ious waste tain | · · | | | | | |

IMPORTANT NOTICE DECLARATION

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

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

| coops of the report, it one is made, this so provided. | | | | | | | |
|--|-------|------|--|--|--|--|--|
| SIGNATURES | | | | | | | |
| Applicant Signature | Title | Date | | | | | |
| | | | | | | | |
| Producer Signature | Date | | | | | | |
| | | | | | | | |
| Producer Name and Address | | | | | | | |
| | | | | | | | |