



JOHNSONESE

JOHNSONESE BROKERAGE LLC
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Rental House Insurance Application

General Information

| | |
|--------------------------------------|--|
| Named Insured: | |
| Select Entity Type: | |
| Country of Residence: | |
| Country of Registration: | |
| Primary Address, City, State, Zip: | |
| Mailing Address, City, State, Zip: | |
| Contact Person: | |
| Phone / Fax: | |
| Email: | |
| Website: | |
| Year Business Established: | |
| Federal ID / Social Security Number: | |
| Description of Operations: | |

Revenue

| | Last 12 Months | Next 12 Months |
|---------------------------|----------------|----------------|
| Rental Revenue | | |
| Sales of Products Revenue | | |
| Other Revenue (describe) | | |
| Total Revenue | | |

Rental House Insurance Application

Insurance History

| | |
|--|----------|
| | Yes / No |
| Any insurance declined or cancelled in the past 3 years? If yes provide details: | |
| Any losses in the past 3 years? If yes, provide details below. | |

| Policy / Line | Date of Loss | Description of Loss | Amount of Loss |
|---------------|--------------|---------------------|----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

| | |
|--|----------|
| | Yes / No |
| Any prior insurance coverage? If yes, provide details below. | |

| Policy Type | Carrier | Policy # | Expiration Date | Premium |
|-------------|---------|----------|-----------------|---------|
| | | | | \$ |
| | | | | \$ |

Business Details

| | |
|---------------------------------------|--|
| Years of Industry Experience | |
| Type of Equipment Rented to Others | |
| Types of Products Sold, If Any | |
| Hours of Operation | |
| Number of Employees | |
| Maximum Equipment Value Per Rental \$ | |
| Number of Rentals Per Year | |
| Average Rental Duration (Days) | |

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Rental Procedures

| | |
|---|--|
| All equipment registered in automated system? | |
| Rental contract transfers responsibility for loss, damage, theft, and liability to renter? | |
| Rental contract contains hold harmless clause? | |
| Credit checks obtained on customers? | |
| Certificates of insurance required naming rental house as additional insured and loss payee prior to equipment release? | |
| Credit cards are run for all rentals? | |
| Valid identification required before releasing equipment? | |
| Require and verify references? | |
| Contact customers' insurance agents to verify limits and coverages? | |
| Any installation, staging, rigging, design or construction services? (If yes, separately describe.) | |
| Are operators provided with equipment? If yes, what percentage of the time? | |

Building Details

| | |
|---|------|
| Type of Construction: | |
| Year Built: | |
| If older than 15 years, year of most recent update to: | Year |
| Wiring | |
| Heating | |
| Plumbing | |
| Roofing | |
| Total Area of building (square feet): | |
| % of Building Square Footage Occupied by Applicant: | |
| Number of Employees at Location: | |
| Number of Stories: | |
| Other Building Occupants by Type (residential, office, retail, manufacturing...): | |
| Sprinklered?: | |
| Square Footage of Building that is Unoccupied / Vacant: | |
| Burglar alarm company, if any: | |

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Coverages

Effective ___/___/___

General Liability

| Coverage | Limit | Deductible |
|--|-------|------------|
| Occurrence | | N/A |
| Aggregate | | N/A |
| City Certificates (Include or Exclude) | | N/A |
| Waiver of Subrogation (Include or Exclude) | | N/A |
| Employee Benefits Liability | | N/A |

Automobile

| Coverage | Limit | Deductible |
|--|-------|------------|
| Hired & Non-Owned Auto Liability | | N/A |
| Waiver of Subrogation (Include or Exclude) | | N/A |
| Hired & Non-Owned Auto Physical Damage per Vehicle | | |
| Hired & Non-Owned Auto Physical Damage Aggregate | | |

****If you requested Hired & Non-Owned Auto coverage, please complete the following:***

| | |
|---|--|
| Cost of hire (mobile studio/film trucks) \$ | |
| Cost of hire (other vehicles) \$ | |
| Loaned / Donated Vehicles # of days | |

Workers Compensation*

| Coverage | Limit | Deductible |
|---|-------|------------|
| Employer's Liability | | N/A |
| All States Endorsement (Include or Exclude) | | N/A |
| Waiver of Subrogation (Include or Exclude) | | N/A |

****If you requested workers comp coverage, please complete the following:***

| | |
|-------------------------------|--|
| Number of full-time employees | |
| Number of part-time employees | |
| Total Compensation (pay) \$ | |

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Coverages cont:

Inland Marine

| Coverage | Limit | Deductible |
|--|-------|------------|
| Equipment (Camera, Lighting, Sound, ...) | | |
| Props, Sets, Wardrobe | | |
| Business Personal Property (Contents) | | |
| Electronic Data Processing Equipment (Computers) | | |
| Business Income & Extra Expense | | |
| Worldwide Coverage Territory | | |

Excess Liability

| Coverage | Limit | Deductible |
|------------------|-------|------------|
| Occurrence Limit | | N/A |
| Aggregate Limit | | N/A |

Note: Availability of coverage will depend on individual risk characteristics and the state in which the insured is located.

Rental House Insurance Application

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

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 criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant Signature: _____

Date: _____