

## ***EQUIPMENT SHORT TERM RENTAL APPLICATION***

*CONTACT PERSON* \_\_\_\_\_ *DATE* \_\_\_\_\_

*AGENCY* \_\_\_\_\_

*INSURED* \_\_\_\_\_

*ADDRESS* \_\_\_\_\_

*CITY/STATE* \_\_\_\_\_

*EFFECTIVE DATE REQUESTED* \_\_\_\_\_

*EXPIRATION DATE REQUESTED* \_\_\_\_\_

*Description of Unit to include Year, Make & Model, Serial Number*

---

*LIMIT OF INSURANCE* \_\_\_\_\_ *DEDUCIBLE* \_\_\_\_\_

*PREMIUM CHARGE (Fully Earned)* \_\_\_\_\_

*LIST LOSS PAYEE*    *ADDITIONAL INSURED (Circle whichever applies)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Planned Use of Equipment* \_\_\_\_\_

*Business of Insured* \_\_\_\_\_ *# Yrs. Experience* \_\_\_\_\_

***New England Excess Exchange Ltd***

**PO Box 219      Montpelier VT 05601**

**800-548-4301 ~ Fax 800-347-4935**