

FRANCHISED EQUIPMENT DEALERS SUPPLEMENTAL APPLICATION

TANGRAM
Insurance Services



140 2nd Street, Suite 230 | Petaluma, CA 94952 | (888) 744-9810 | www.tangramins.com

Named Insured:	Effective Date:	FEIN #:
Contact Name & Title	Phone Number:	
Web Address:	Contact E-mail:	

CONTACT NAME AND PHONE NUMBER:

Inspections:	Phone Number:
Premium Audit:	Phone Number:
Claims:	Phone Number:

PAYROLL AND PREMIUM HISTORY:

	Total Annual Payroll	Premium \$
Current Year		
1st Prior Year		
2nd Prior Year		
3rd Prior Year		
4th Prior Year		

OPERATIONS AND BENEFITS:

Please provide a description of the operation:

Years in business:	Hours of Operation:	# of Shifts:
Does the applicant ever allow employees to work more than 3 consecutive 12 hour shifts?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any employees work from home?		Yes <input type="checkbox"/> No <input type="checkbox"/>
List the # of employees who live or work out of state.	Live:	Work:

VEHICLE & DRIVER INFORMATION:

Is there a driving/delivery exposure? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is frequency? Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____
Radius of Operations/travel: <50 miles <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+ <input type="checkbox"/>	
Any group transportation of employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how provided? Car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus <input type="checkbox"/>
# of employees transported per vehicle:	# of vehicles used to transport:
Frequency: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: <input type="checkbox"/>	Is a PUC/DMV filing required? PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A <input type="checkbox"/>
Are vehicles company owned? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, types of vehicles:
If yes, are vehicles taken home? Yes <input type="checkbox"/> No <input type="checkbox"/>	# of vehicles:
Vehicle/fleet maintenance program? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who does the servicing? Outside Vendor: <input type="checkbox"/> In-house mechanics: <input type="checkbox"/> Other: <input type="checkbox"/>
Do employees use personal vehicles for company business? Yes <input type="checkbox"/> No <input type="checkbox"/>	

FRANCHISED EQUIPMENT DEALERS SUPPLEMENTAL APPLICATION

OPERATIONS AND BENEFITS CONTINUED:

Any out of state, international or overnight (within state) travel? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details:	Why/purpose?
	Who will travel?
	Where?
	Duration?
	Frequency?
# of employees: Full time: Part time: Seasonal: Volunteers:	(Verify number is consistent with number on Acord App)
# of employees per location: #1 #2 #3 #4	(If more space is needed please use separate page)
# of W-2's issued: Last Year: Previous Year:	Any day laborers or temporary/employee leasing? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide detail on separate page.)
How are employees paid? Hourly <input type="checkbox"/> Piece Rate <input type="checkbox"/> Commission <input type="checkbox"/> Flat Salary <input type="checkbox"/> Other <input type="checkbox"/>	
% of union employees:	% of non-union employees: Paid Sick Leave? Yes <input type="checkbox"/> No <input type="checkbox"/>
Actual average hourly wage for employees in governing glass \$ /hour	Paid Vacation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Retirement / Pension Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does employer contribute? Yes <input type="checkbox"/> No <input type="checkbox"/>
Group Medical Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	% of employees enrolled: % paid by employer:
If yes, name of healthcare provider:	
Do you use a specific medical provider to treat injured employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you currently participating in a MPN (Medical Provider Network)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, provide the name of current MPN:	
CPR training provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	# employees certified:
RTW Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does it include salary continuance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the ownership of the applicable entity changed within the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details:	

HIRING PRACTICES - EMPLOYEE SECTION - CLAIMS:

Written applications? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre-hire drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reference checks? Yes <input type="checkbox"/> No <input type="checkbox"/>	Post Accident drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Pre/post employment physicals? Yes <input type="checkbox"/> No <input type="checkbox"/>	MVR checks? Yes <input type="checkbox"/> No <input type="checkbox"/>
Orthopedic back testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Audio hearing tests? Yes <input type="checkbox"/> No <input type="checkbox"/>
Formal job descriptions on file? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have formal written accident reports? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are personnel files documented for pre-existing injuries? Yes <input type="checkbox"/> No <input type="checkbox"/>	

FRANCHISED EQUIPMENT DEALERS SUPPLEMENTAL APPLICATION

HIRING PRACTICES – EMPLOYEE SECTION – CLAIMS CONTINUED:

Are there set procedures for reporting claims? Yes <input type="checkbox"/> No <input type="checkbox"/>	Average claim reporting time frame:
Any interchange of labor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: Another Business <input type="checkbox"/> Subsidiary <input type="checkbox"/> Between Departments <input type="checkbox"/> Other: <input type="checkbox"/>	
Is job specific training provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employee Orientation Program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, is the orientation Verbal Only? <input type="checkbox"/> Verbal and Documented? <input type="checkbox"/>	
Employee to Supervisor Ratio: Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1 <input type="checkbox"/>	
Subcontractors used? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for what purpose? If yes, are certificates of insurance obtained and kept on file? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Independent Contractors Used? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for what purpose? If yes, how are they paid? 1099's? <input type="checkbox"/> Other? <input type="checkbox"/> Please explain:	

SAFETY PROGRAM AND ORGANIZATION – WORK PREMISES AND ENVIRONMENT

Are owners active in daily operations? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, are they excluded from coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>
Active injury & illness prevention program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has loss control services been performed in the last year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has Cal/OSHA visited or cited your business in the last year? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please provide explanation on separate page.</i>	
Active safety incentive program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, does it encompass all employees? Yes <input type="checkbox"/> No <input type="checkbox"/> What type of incentive?	Are safety meetings conducted? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how often? Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other <input type="checkbox"/>
Do employees receive safety training/orientation? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, is the training: Formal/Documented <input type="checkbox"/> Informal <input type="checkbox"/>
Do you have a safety director or risk manager? Yes <input type="checkbox"/> No <input type="checkbox"/> Name/Title: If yes, is the position full time or an additional responsibility of another employee?	
MSDS (Material Safety Data Sheets) available for all chemicals and products used? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Any material handling exposures? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	
Any lifting exposures? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, <25 lbs <input type="checkbox"/> 25-40 lbs <input type="checkbox"/> 40+ lbs <input type="checkbox"/> If 40+, manual lifting or with assistance? Please explain:	
Forklift Training Provided? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	If yes, annual certification? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is all machinery/equipment properly guarded? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Any use of Baler equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Written Lock out/ tag out / block out procedures in place? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Condition of equipment? New <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>	
Are all equipment operators trained / certified? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Respiratory program in place? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
What types of PPE?	
Personal protection equipment provided? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	If yes, strict enforcement of utilization? Yes <input type="checkbox"/> No <input type="checkbox"/>

FRANCHISED EQUIPMENT DEALERS SUPPLEMENTAL APPLICATION

SAFETY PROGRAM AND ORGANIZATION - WORK PREMISES AND ENVIRONMENT CONTINUED:

What is the maximum height at which you will work?			
What is used? Ladder	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>
Scissor Lifts	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If scaffolding used, does the insured build their own? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the building / premises: Owned	<input type="checkbox"/>	Leased	<input type="checkbox"/>
# of years at current location?			
Condition of premises? Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>
Average	<input type="checkbox"/>	Age of building occupied?	years

GENERAL:

Mailing / Main Address:	Applicant is:
Contact Name:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership
Phone Number:	<input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture
Email Address:	<input type="checkbox"/> LLC <input type="checkbox"/> Other

Description of Ops / Narrative:	Coverage Requested
	<input type="checkbox"/> General Liab. <input type="checkbox"/> Umbrella
	<input type="checkbox"/> Business Auto <input type="checkbox"/> EPLI
	<input type="checkbox"/> Crime/Fidelity <input type="checkbox"/> Cyber Suite

How many locations do you own, rent or occupy?	Do you have a Full Time Safety Manager? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a Formal Safety Program? <i>If yes, please provide copy.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are Safety Meetings held? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how often are safety meetings held? Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: <input type="checkbox"/>
Are there any locations with only warehousing or storage operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?	Yes <input type="checkbox"/> No <input type="checkbox"/>
During the last five years, has any Owner or Officer of the company been indicted for or convicted of any degree crime of fraud, bribery, arson or any arson-related crime in connection with this or any other property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any foreign operations, foreign products distributed in USA, or any US products sold / distributed in foreign countries?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any policies Cancelled or Non-Renewed during the prior 3 years for any Premises/Operations? <i>If yes, provide detail:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does applicant have other business ventures for which coverage is not requested? <i>If yes, provide detail:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

AUTO:

All Vehicles Insured Must be Registered to the Named Insured (Company Name)

RADIUS OF OPERATIONS (distance your technicians or delivery drivers travel)			
up to 50 miles:	%	51 to 200 miles:	%
		201 plus miles:	%
Vehicle Summary (Provide the number of Owned, Leased or Rented units for each vehicle type):			
Extra Heavy Tractors	# <input type="text"/>	Heavy Tractors	# <input type="text"/>
Heavy Trucks	# <input type="text"/>	Medium Trucks	# <input type="text"/>
Private Passenger (Cars)	# <input type="text"/>	Other, Description Type	# <input type="text"/>
		Trailers	# <input type="text"/>
		SUVs/Light Trucks/Cargo Vans	# <input type="text"/>

FRANCHISED EQUIPMENT DEALERS SUPPLEMENTAL APPLICATION

DEALER OPERATIONS:

List manufacturer franchises represented:			
Does the manufacturer provide additional insured status to dealer and a certificate of insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do all of your suppliers for equipment, parts, and accessories have a US insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are Sales and Service personnel trained and/or certified by the manufacturer? <i>Provide details:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
What type of training do you provide to end users in the operation of equipment you rent or sell?			
Do you use equipment to act as a contractor or subcontractor?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are any types of equipment rented with an operator?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you modify, design, or build any equipment? <i>If yes, please describe:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your business include manufacturing operations? <i>If yes, please describe:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you rent, sell or service cranes? <i>If yes, provide details:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you rent, sell, service or erect scaffolding or ladders? <i>If yes, provide details:</i>			
Is any of the following equipment available for sale or rent?			
Campers Trailers &/or Mobile Homes:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sporting Equipment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amusement devices or carnival rides:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Equipment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Snowmobiles or Golf Carts:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Party Rentals:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal watercraft, Motorcycles, or All-Terrain Vehicles:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are any equipment accessory or secondary products sold? <i>If yes, please describe products and include details on installation and related services provided as well as total receipts.</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
(examples include but not limited to: pallets, racking/shelving, packing materials, other kits or attachments)			
What is the maximum height of equipment?	Feet		

FRANCHISED EQUIPMENT DEALERS SUPPLEMENTAL APPLICATION

EQUIPMENT:

Are all renters required to sign a Rental Agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you rent equipment to Non-Commercial users (Individuals)? <i>If yes, provide details:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require your commercial customers to provide certificates of insurance prior to leasing/renting equipment naming your company as an additional insured	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all renters provided with written and verbal operating instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all renters advised on how to identify deficiencies and how to notify the insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is manufacture recommended Safety equipment provided to all rental customers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is each rental customer's driver's license number, credit card, credit report or license plate number obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, are corporate billing programs used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECURITY PROTOCOLS:

Is in-person security provided After Hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do all locations have Security Lighting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all locations Fenced/Gated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do all locations have an alarm with central station or police monitoring?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do all locations have surveillance cameras?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, are cameras equipped with motion alerts and remote access?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Excluded states:	Locations and Operations Not Covered: <i>Any premises or operations outside Contiguous United States are excluded</i>
------------------	--

APPLICANT WARRANTY & General Fraud Statement

The applicant hereby applies to Coaction for policy(ies) of insurance as set forth in this questionnaire on the basis of statements contained herein. Applicant agrees that such policy(ies) subject to cancellation or no coverage, if such information is materially false or misleading so that the company would have rejected the risk. Applicant understands that an inquiry may be made which will provide applicable information concerning pertinent data, or other background information Coaction deems necessary in order to determine whether to accept or reject the applicant for coverage.
Upon written request, additional information as to the nature and scope will be provided.

I hereby declare that I have read all of the statements in this application and they are complete and true as of this date.

Applicant Signature, Title: _____ Date: _____

Producer Signature: _____ Date: _____

SUBMISSION CHECK LIST FOR FRANCHISE EQUIPMENT DEALERS:

	Qualified submissions should include the following:
	Acord Application (please provide updated numeric values/exposures for all lines currently covered)
	Supplemental Application (with Narrative on operations)
	5 Years of Currently Valued Loss Runs from the prior carrier(s).
	Excel List of Current Driver(s) (List should include: Name, License#, DOB, State, DOH & Years of Experience) <i>Note: PDF inclusion of corresponding MVR(s) with the submission would expedite the UW review process.</i>
	Excel List of Current Vehicle(s) (List should include: Terminal Location, Year, Make, Model &/or trailer type, VIN & Cost New Amount/Value)

FRANCHISED EQUIPMENT DEALERS SUPPLEMENTAL APPLICATION

INCREASED LIMITS CYBER SUITE QUESTIONNAIRE:

Named Insured:						
The standard opt in limit for Cyber Suite is \$50,000. If the insured select higher limits than \$100k, completion of the below questionnaire is required.						
Limit Options:	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
Deductible:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$10,000

QUESTIONS	COMMENTS
Have you, at any time during the past 36 months, experienced a cyber incident (hacking, intrusion, malware infection, fraud loss, breach of personal information, extortion, etc.) that cost you more than \$10,000 or experienced a lawsuit or other formal dispute (with either a private party or government agency) arising from a cyber incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you use up-to-date anti-virus and anti-malware protection on all of your end-points (desktops, laptops, servers, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are all of your internet access points secured by firewalls? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you restrict employees' and external users' IT systems privileges and access to personal information on a business need to know basis? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you perform backups of business critical data on at least a weekly basis? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you encrypt all of your mobile devices (laptops, flash drives, mobile phones, etc.) and confidential data? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Note: All information provided is subject to verification by way of an underwriting survey or inspection. Tangram Insurance Services, Inc. must be notified of any significant changes in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.

Signature of Applicant: _____ Date: _____