

**\*\* EQUIPMENT SHORT TERM RENTAL APP \*\***

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 \_\_\_\_\_ DEDUCTIBLE \_\_\_\_\_

\_\_\_\_\_

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

LIST: LOSS PAYEE      ADDITIONAL INSURED      (Circle whichever applies)

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\_\_\_\_\_

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\_\_\_\_\_

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

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

**DAIGLE & ASSOCIATES, INC.    P.O. Box 17      Clinton, MS**

**39060**

**National 1-800-647-7660**

**Local 1-601-924-4522**

**FAX 1-601-924-4659**