



CONTRACTORS EQUIPMENT APPLICATION

APPLICANT INFORMATION

NAME:	
MAILING ADDRESS:	
PROPOSED EFF DATE: FROM:	WEBSITE:
TO:	
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION	
<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	

1. Applicants' Operations:
- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Grading/Paving/Excavating | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Sand and Gravel Hauler |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Roofing | <input type="checkbox"/> Irrigator |
| <input type="checkbox"/> Tree Trimmer | <input type="checkbox"/> Farming | <input type="checkbox"/> General Contracting |
| <input type="checkbox"/> Other (describe): _____ | | |

2. Applicants' Years in Business: _____ Applicants' Years of Experience: _____

3. Has applicant or majority partner filed for bankruptcy in the past 5 years? Yes No

4. Has this coverage been cancelled or nonrenewed, including for non-payment, in the past 3 years? Yes No

5. Schedule of Property – Description of owned and leased equipment:

Item	Manufacturer	Model Number	Model Year	Serial Number	Description	Limit of Insurance
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$
8						\$
9						\$
10						\$
* Attach another page if necessary						\$
Miscellaneous Tools & Equipment (Per item value of less than \$2,000)						\$
All Covered Property						\$

6. Does insured desire coverage for equipment borrowed or rented from others? Yes No



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a. If Yes, at what limit (per item)? \$25,000 \$50,000

b. Estimated annual rental expense: (Do not include expense for scheduled equipment) \$ _____

UNDERWRITING AND RATING INFORMATION

7. How many contractors' equipment losses has the insured incurred in the past three years? _____

Total incurred amount? _____ Details: _____

8. Does the insured perform any mining, logging, or underground operation? Yes No

9. Are there any asphalt plants, cranes, conveyors or draglines on the schedule of equipment? Yes No

10. Are there any scheduled vehicles licensed for over-the-road use? Yes No

11. Is any equipment mounted on barges or used on or adjacent to water in any way? Yes No

12. Any work performed at nuclear facilities, chemical or petroleum plants? Yes No

13. Does the insured lease, loan or rent equipment to others? Yes No

14. Where is equipment stored when not in use? Check all that apply:

- Insured Location
- Fenced Area
- Lighted Area
- Locked Building
- Job Site
- Area with Central Station Alarm

How is equipment protected from theft?

15. How is equipment transported?

- Insured's Flatbed
- Outside Trucking Firm
- Other _____

16. Loss Payee

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**