

Contractor's Equipment Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

SCHEDULE OF PROPERTY TO BE INSURED						
MACHINE DESCRIPTION *	YEAR BUILT	MANUFACTURER	IDENTIFYING MARKS SERIAL # OR VIN #	PURCHASE PRICE & DATE OF PURCHASE	NEW / USED	AMOUNT OF INSURANCE
				&		
				&		
				&		
				&		
				&		
				&		
				&		

* **Attach** a photo of each item listed above.

1. Check Cause of Loss Form you are requesting Basic Form Special Form

2. Does anyone other than Applicant have an interest in property? Yes No

If yes, describe: _____

3. Does Applicant operate equipment? Yes No

If no, who does? _____

UNDERWRITING INFORMATION (Continued)

4. Is equipment loaned or rented to others? Yes No
 If yes, is a receipt obtained, imposing full responsibility for safe return of such equipment? Yes No

5. Check each item where equipment is used.

<input type="checkbox"/> Air Fields	<input type="checkbox"/> Levee Building	<input type="checkbox"/> Oil Fields
<input type="checkbox"/> Bridge Construction	<input type="checkbox"/> Logging & Lumbering	<input type="checkbox"/> Pipe Line Construction
<input type="checkbox"/> Building Foundation	<input type="checkbox"/> Mining	<input type="checkbox"/> Road Building
<input type="checkbox"/> Building Erection	<input type="checkbox"/> Other	

6. Who is responsible for maintenance? _____
7. Is equipment cleaned at the end of each working day? Yes No
 If not, how frequently is it cleaned? _____
8. Is equipment left at job site overnight? Yes No
9. State location of equipment when not in use: _____

10. What security measures are taken to prevent theft when equipment is not in use? _____

11. How is equipment transported? _____

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM
___	___	___	___	___
___	___	___	___	___
___	___	___	___	___

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
___	___	_____ _____	___	___
___	___	_____ _____	___	___
___	___	_____ _____	___	___
___	___	_____ _____	___	___
___	___	_____ _____	___	___

