



CONTRACTOR'S EQUIPMENT COVERAGE APPLICATION

Brokers Name: _____ Policy Period: _____

Name of Applicant and Address: _____

Previous Insurer: _____ Previous Policy Number: _____

Has any insurer ever cancelled or refused renewal? If yes, state reason. Yes No

How Long in Operation?: _____
Five - Year Loss History: _____

Coverage Requested: All Risk _____ Named Perils _____

Deductible: _____ Co-insurance Percentage: _____

Nature of Operations Performed	Years of Experience	Territory of Operations

Type and frequency of inspection program: _____

Type and frequency of maintenance program: _____

What fire protection is provided for the equipment? _____

What theft protection is provided for the equipment? _____

What security protection is provided at storage sites? _____

Locations where equipment is usually stored, address, construction details, and estimated value of equipment stored.	
Location #1:	
Location #2:	
Location #3:	
Location #4:	

Is any equipment rented or loaned to others? Yes No

If "yes", with or without operators? _____

Do you rent or borrow equipment from others? Yes No

If "yes", what is the maximum value at any one time? _____

Attach a schedule of equipment to be insured, including make, model and serial number and year of manufacture of each item. Small equipment may be allowed blanket limits, however a maximum value of \$1,000 will apply to each items, pair or set.

Applicant's Signature: _____

Date: _____