



### 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: \_\_\_\_\_