

Contractors Equipment Application

Applicant Information			
Effective Date:			
First Named Insured:		Entity Type:	
Mailing Address:	City:	State:	Zip Code:
Location Address:	City:	State:	Zip Code:
Inspection Contact Name:		Email Address:	
Website:		Phone #:	
Number of Years Experience:		Territory of Operations:	
Description of Operations:			
Coverage Requested			
Total Equipment Schedule:		Scheduled Equipment Limit:	
Equipment Deductible Requested:		Valuation:	
Unscheduled Equipment Limit:		Max per Item:	
Tools Limit:		Max Per Item:	
Tools Deductible Requested:			
Rental Reimbursement Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Limit:	
Equipment Leased/Rented FROM Others: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Max Per Item Limit:		Total Limit:	
Projected Leased/Rented Expenditures:			
Describe Type of Equipment Rented from Others:			
Equipment Leased/Rented TO Others <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Attach Copy of Lease/Rental Agreement)			
With or Without Operators?		Limits Requested:	
Projected Leased/Rented to Others Receipts:			
Do You Collect Certificates of Insurance from Lessees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does Our Insured Require to Be Named as An Additional Insured on The Renter's Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Waterborne Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No		Limit:	
Type of Water (Ocean, Lake, River):			
Are They Doing Work from a Barge or Just Moving Equipment Via Barge?			

Are There Any Underground Exposures? Yes No

If Yes, Please Explain:

Limit Requested:

Additional Information

Estimated Largest Concentration of Values at Insured's Storage Yard:

Theft and Vandalism Prevention

Describe Controls in Place at Storage Yard:

Describe Controls in Place at Job Sites:

Maintenance

Describe Maintenance/Inspection Process for Equipment;

Are Records Maintained? Yes No

Do You Use Staff Service Employees or a Third Party?

How Often is Maintenance Performed?

Does Equipment Have Any Fire Suppression System? Yes No

Please Describe:

How is Equipment Transported to and From Jobsites?

What is The Age/Experience Requirement for Operators?

Is There Formal Training in Place for Operators?

If Your Territory Involves Coastal Operations, Please Describe Your Hurricane Preparedness Guidelines:

Has Any Company Cancelled, Denied, or Declined to Renew Coverage? Yes No

If Yes, Please Explain:

Present Carrier:

Expiring Premium:

Rate:

Deductible:

Submit Along with Application

- 3 - 5 Years of Loss Runs
- Lease/Rental Agreement If Renting Equipment to Others

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant Name:

Broker Name:

Signature:

Signature:

Date:

Date: