

CONTRACTORS' EQUIPMENT INSURANCE APPLICATION

Agent/Broker:

Name of Applicant (include names of principals) :

Principal Business Address :

Business of Applicant (Describe use of equipment to be insured) :

How long in Business:

Normal territory where work is performed:

Cover desired: Named perils
 All Risks

Deductible amount desired:

Policy period from _____ to _____

Is loss payable clause necessary? Yes No If "yes" to whom payable:

Description of property to be insured:

ITEM	DESCRIPTION	MANUFACTURER & SERIAL#	AMOUNT
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Total :

Catastrophe limit required:

Do you lease or contemplate leasing any equipment? Yes No If "yes" provide details:

List storage and repair locations:

LOCATION	CONSTRUCTION & OCCUPANCY	MAXIMUM VALUE IN BUILDING	IN YARD
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Previous experience (List all losses or damage that would have been covered by this type of insurance):

Date	Amount	Description of Loss or Damage
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Other Insurance with our Company?
 Yes No Policy #:

Name of previous Insurer and policy #:

Has any other insurer ever cancelled or refused any insurance for the applicant?

Yes No If "yes", explain:

Dated: _____ Signature: _____