



CONTRACTORS EQUIPMENT PROPOSAL

Name of Applicant: _____
 Mailing Address: _____
 Contact Name: _____ Telephone: _____
 Location Address: _____
 Years in Business: _____ Policy Term: _____ to _____
 Insured is: _____ Individual _____ Partnership _____ Corporation _____ Joint Venture.
 Years of Construction Experience: _____
 Description of Operations: _____

 Territory of Operations: _____

COVERAGE/DEDUCTIBLE

EQUIPMENT STORAGE			UNSCHEDULED EQUIPMENT		
Maximum Value					
In Building	Outside	Type of Security	Description	Maximum per Item	Max. per Occurrence

Any waterborne exposure? Yes No
 Any underground exposures? Yes No
 If yes, please explain: _____
 Limit Desired: _____

Is Equipment rented, loaned to others? Yes No (If yes, attach copy of lease/rental agreement(s))
 If yes, with operators? Yes No
 Limit Desired: _____

Is Equipment rented, loaned from others to you? Yes No
 Total rental expenditures past 12 months: _____
 Total expenditures anticipated next 12 months: _____
 Limit Desired: _____

Other Optional Coverages available:
 Rental Reimbursement needed? Yes No If Yes, Limit per Day _____
 Per Occurrence _____
 Additionally Acquired Property: up to \$25,000 for 30 Days. Yes No

Is Applicant operating equipment not listed here? () Yes () No

How is equipment transported? (Own vehicles or common carrier?) _____

Location and construction of storage building(s), if any: _____

Proportion of time stored: _____

Describe any repair operations: _____

Has any company cancelled, denied or declined to renew coverage? () Yes
() No If yes, please explain _____

Present Carrier: _____ Expiring Premium: _____
Rate: _____ Deductible: _____

Losses past 3 years:	Date of Loss	Details
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are Portable Tools to be covered on a blanket basis? () Yes () No
If yes, Limit \$ _____ per Occurrence; Maximum Limit per Tool \$ _____ (up to
\$1,000 Max. per Tool)

This application does not constitute a binder and insurance shall only become effective
as of the date advised by the company.

The Proposer agrees that the statements contained in this proposal are true and that, if
insurance is affected, material misrepresentation or concealment of any information
voids this insurance.

Applicant's Signature Date

Agent's Signature Date

