***CONTRACTORS’ EQUIPMENT INSURANCE APPLICATION***

|  |  |
| --- | --- |
| Applicant’s Name (Legal and Operating):       | Broker:       |
| Principal’s Name:       | How Long in Business:       |
| Principal Business Address:       | Normal territory where work is performed:       |
| Business of Applicant (Describe use of equipment to be insured):       |
| Coverage Desired: Named Perils: [ ]  All Risk: [ ]  | Deductible Amount Desired:       |
| Policy Period:       to       (12:01 AM) |

Is loss payable clause necessary? [ ]  Yes, [ ]  No If yes, to whom payable:

|  |
| --- |
| **Description of Property to be Insured:**  |
| Item | Description | Manufacturer & Serial # | Amount |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  | Total:  |       |

Catastrophe Limit Required:

Do you lease, or contemplate leasing equipment? [ ]  Yes, [ ]  No If *yes*, provide details:

|  |  |  |
| --- | --- | --- |
| **List of Storage and Repair Locations** |  |  |
|  |  | Maximum Value ($) |
| Location | Construction & Occupancy | In building | In Yard |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |
| **Loss and Policy History** |
| [ ]  Yes, [ ]  No Previous claims in the last 5 years? [ ]  Yes, [ ]  No Describe:       |
| Previous Insurer:       | Policy #:       |
| Has any insurer *cancelled, declined, or* *refused* to renew Commercial Insurance in the past 5 years? [ ]  Yes, [ ]  No  |
| **Supporting business:** Policy #:       | Company:       |
|  |

Signature:       Date: