***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: