

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: <input type="checkbox"/> All Risk: <input type="checkbox"/>	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

Location	Construction & Occupancy	Maximum Value (\$)	
		In building	In Yard

Loss and Policy History

<input type="checkbox"/> Yes, <input type="checkbox"/> No Previous claims in the last 5 years?		<input type="checkbox"/> Yes, <input type="checkbox"/> No Describe:	
Previous Insurer:		Policy #:	
Has any insurer <i>cancelled, declined, or refused</i> to renew Commercial Insurance in the past 5 years? <input type="checkbox"/> Yes, <input type="checkbox"/> No			
Supporting business: Policy #:		Company:	

Signature:

Date: