

CONTRACTORS EQUIPMENT APPLICATION

1. First Named Insured: The first Named Insured is responsible for premium payment, cancellation, and changes - refer to policy wording.

2. Other Insured(s):

3. Mailing Address: Street City County State ZIP Code

4. Effective Date Desired: Term Desired:

5. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE YEARS

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.
 Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
 No Yes - If Yes, give name of company, date, and reason.

6. Years in Business: Years of Experience:

7. Loss Payable Street City County State ZIP Code

COVERAGE

8. Named Causes of Loss Named Causes of Loss Including Theft All Risk
 Other:

9. Deductible: \$250 \$500 \$1,000 Other:

10. SCHEDULE OF EQUIPMENT

Unit No.	Year of Unit	Unit Description	Manufacturer	Model	Serial No.	Value or Limit of Liability
1						
2						
3						
4						
5						

11. TERMINAL INFORMATION

Address (Street, City, State, Zip)	Construction	Fire Cnts. Rate	Maximum Value
1			
2			
3			
4			
5			

UNDERWRITING INFORMATION

12. Type of Contracting (i.e., excavation, mining, logging):	
13. If equipment is not inside, is lot fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is lot attended at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No Other protections:	
15. Percentage of time equipment is: On job site: % At terminal: %	
16. Is fire extinguishing equipment maintained on each piece of equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Describe theft safeguards at job sites (e.g. alarms, I.D. numbers used, special locks):	
18. Have any payments been delinquent in the last 6 months on equipment to be insured hereunder? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Agent

Insured's Signature

Address

Additional Signature if applicable

Date

Date