

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/<br>Premium | Coverage | # of<br>Losses | Amount | Description of Losses<br>(Use separate sheet if<br>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<br>(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<br>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