

CONTRACTORS EQUIPMENT APPLICATION

APPLICANT INFORMATION

Name _____
Address _____
City, State, Zip _____
Telephone _____ Contractor License Number (if required) _____

Policy Dates: _____ Business Description: Individual Partnership Corporation Other _____
Years in business _____ Years experience _____

EQUIPMENT SCHEDULE

<u>Item#</u>	<u>Description</u>	<u>Mfgr.</u>	<u>Model</u>	<u>Serial Number</u>	<u>Year Built</u>	<u>Cost New</u>	<u>Current Value</u>	<u>Limit Requested</u>	<u>R=Replacement Cost / A=ACV</u>
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_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

List any loss payees, lessors, other insureds:

<u>Item #</u>	<u>Name, Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe type of jobs equipment is usually used on: _____

Describe equipment security at job site or storage location (e.g. in building, yard, fence, watchman, lighting, etc.) _____

Estimate maximum value any one time at one location _____

Describe preventive maintenance program _____

THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

_____	_____
_____	_____
_____	_____

Comments _____

Applicant Signature

Producer Name & Address