

# 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>

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

Losses (description and amounts paid and incurred)

<u>Date</u>	<u>Losses (description and amounts paid and incurred)</u>

Comments \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Producer Name & Address

### **NOTICE OF INSURANCE INFORMATION PRACTICES**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

**COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY**