



CONTRACTOR'S EQUIPMENT APPLICATION WITH TRANSIT COVERAGE

DATE _____

1. Type of contractor:

2. Type of work performed:

3. Number of years in business/current operation:

4. Financial condition of risk:

5. Is equipment owned?

6. How many pieces would you like to insure?

7. List each item including their make, model, year, serial number, descriptive data and value _____

8. Is equipment financed? If yes, Financial Institution:

9. Do you lease/rent equipment from others?

10. If yes, amount you lease/rent per year from whom and estimated values

11. Do you lease/rent to others?





12. Are you requesting coverage for any miscellaneous equipment and small tools?

13. If yes, describe type of equipment and tools you wish to insure: _____

14. Amount of coverage you are requesting for miscellaneous tools:

15. Loss experience for the past 3 years including type of loss, insurance carrier, item (s) involved and amount paid: _____

16. Please describe Loss Prevention measures being employed:

a. How often is general maintenance i.e. oil and fluid changes, hose changes, debris removal etc. performed?

b. Who performs this maintenance?

c. Are records kept outlining specific maintenance performed on equipment?

Please describe: _____

d. Are fire extinguishers or other preventative devices kept on equipment while in operation?

Please describe: _____

17. Total amount of insurance you are requesting:

18. Amount of deductible you desire:

a. \$1,000 _____

b. \$2,500 _____

c. \$5,000 _____

19. Where is equipment stored/located when not in use or over weekends or holidays? _____





20. Briefly describe location, equipment storage and equipment security :

TRANSPORTATION SUPPLEMENTAL INFORMATION

1. Types of goods being transported:
Describe: _____
2. Value of goods being transported: _____
3. Timeframe of Transit: _____
4. Final Destination of Goods: _____
5. Complete description of security arrangements: _____

6. Estimated number of shipments: _____
7. Maximum value of shipments and how often: _____
8. Average value of shipments: _____
9. Mode of Transport: _____
10. Losses for transit (past 5 years): _____

Print Your Name: _____

Signature: _____

Contact Information: _____

Date of Application: _____

