

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

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

