



Contractors Equipment Schedule Application

Date: _____

Agency Name: _____

SIU Producer # : _____

Company Name: _____

Effective Date: _____

DBA: _____

Business Phone: _____

Cell: _____

Contact: _____

E-Mail Address: _____

Fax: _____

Web Address: _____

City: _____

State: _____

Zip: _____

County: _____

Location Address: _____

City: _____

State: _____

Zip: _____

Insured is: Corporation Partnership Individual Other: _____

Is the building? Owned Leased If owned, what % is occupied by the owner: _____

No. of Years in Business: _____

Years Experience in this Industry: _____

Bankruptcy or Foreclosures over the past 5 years: Yes No

Has coverage been cancelled or nonrenewed, including for non payment, in the past 3 years? Yes No

Complete Description of Operations / **Include any new services being provided**:

- | | | |
|--|---|--|
| <input type="checkbox"/> Airport Authority | <input type="checkbox"/> Farming | <input type="checkbox"/> Pipeline - Water |
| <input type="checkbox"/> Boat Yards/ Marinas | <input type="checkbox"/> General Contractor | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Bridge Work | <input type="checkbox"/> Grading/Paving/Excavating | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Concrete Work | <input type="checkbox"/> Heating & A/C | <input type="checkbox"/> Steel Erection |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Irrigation Systems & Pumps | <input type="checkbox"/> Tree Cutting/Trimming |
| <input type="checkbox"/> Environmental/Remediation | <input type="checkbox"/> Land Clearing | <input type="checkbox"/> Tunneling |
| <input type="checkbox"/> Equipment Rental | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Municipality | <input type="checkbox"/> Water Well Drilling |
| <input type="checkbox"/> Other _____ | | |

Equipment and Tools (additional equipment submit on schedule)

Item	Manufacturer	Model	Model Year	Serial #	Description	Coverage Amt
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Miscellaneous owned tools and equipment (per item of less than \$1,000)						
Total of all Covered Property:						

Deductible

\$1,000
 \$2,500
 \$5,000
 \$10,000

- Does the insured desire coverage for equipment borrowed or rented from others?
 No \$25,000 per piece \$50,000 per piece Other _____
 Maximum Rental limit amount at any one time? \$ _____
- How is the property secured? _____
- Is any of the property left on the job site? Yes No
 If Yes, how is the property secured? _____
- Estimated annual rental expense: (Do not include expense for sch equipment) \$ _____
- Does the insured perform/operate any mining, logging, rigging, salvage, scrap, recycling center, dredging, quarrying, landfill, underground operation, custom harvesting or lumberyard operation?
 Yes No
- Are there any asphalt plants, cranes, conveyors or rock drills on the schedule of equipment?
 Yes No

Loss History

Any Property and or Liability Losses: Yes No If yes, give details below.

Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____
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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____