



EQUIPMENT SECTION

1. Please list five years insurance company names, policy periods, policy numbers, premiums:

	Insurance Company	Policy Period	Policy Number	Annual Premium
Current Policy	_____	_____	_____	\$ _____
1 st Year Prior	_____	_____	_____	\$ _____
2 nd Year Prior	_____	_____	_____	\$ _____
3 rd Year Prior	_____	_____	_____	\$ _____
4 th Year Prior	_____	_____	_____	\$ _____

***PROVIDE 5 YEARS CURRENTLY VALUED HARD COPIES OF LOSS RUNS.**

2. Give details of any insurance claims in the last 5 years including type of claim and amount paid.

3. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property including any undisclosed claims that may potentially give rise to any future claim or legal action against you?

No or Yes If Yes, please describe (include a separate sheet if needed): _____

Scheduled Equipment list and values

4. A. Items valued over \$1,000 must be scheduled: You can attach a separate sheet if need be.

Item	Description of Equipment to include year, make, & model	Value
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

If there is a Lien Holder or Loss Payee on the equipment, please list:

B. Total Value of miscellaneous tools under \$1,000: \$ _____

C. What is your desired deductible? \$250 \$500 \$1,000

Rental Equipment

5. What type of equipment will you be renting? _____
6. Is Equipment rented, loaned to or from others with or without operators? Yes No
7. What are your estimated total annual rental receipts? _____
8. How often is equipment rented? _____
9. What is the Max Limit of Coverage desired per item? _____
10. What is the Max Limit of Coverage desired at any one time? _____
11. Amount of coverage for materials on the job site or in transit: _____
12. What is your desired deductible? \$250 \$500 \$1,000

General Information

- | Explain all "YES" Responses in the comments section | YES | NO |
|--|--------------------------|--------------------------|
| 13. Are you operating equipment not listed here? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is the equipment going to be used for underground work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is any of your work done afloat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is equipment ever left at job site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. If yes, described security and storage: | _____ | |
| 18. Where is the equipment stored when not at the jobsite? | _____ | |
| 19. Describe maintenance schedule for the equipment: | _____ | |
| 20. Describe training/experience requirements for employees: | _____ | |

Comments: _____
