

**CONTRACTORS EQUIPMENT  
SUPPLEMENTAL APPLICATION**

1. Company Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
4. Territory of Operations: \_\_\_\_\_
5. Location Address: \_\_\_\_\_
6. Describe Type of Security at Location: LOCKED & FENCED
7. Who Maintains the Equipment? INSURED
8. Who Transports Equipment from job to job? INSURED
9. Does insured use certified or trained operators and does he receive proof of experience &/or education? X Yes \_\_\_ No
10. When property is left at job sites, what precautions are taken against theft? LOCKED
11. Does insured rent or lease equipment from others? \_\_\_ Yes \_\_\_ No
12. Is any equipment used underground? \_\_\_ Yes X No Explain: \_\_\_\_\_
13. Are there any operations on barges? \_\_\_ Yes X No
14. Deductible desired? \$2500 EXCEPT \$500 MISC TOOLS & 72 HOURS REN EXP
15. Does the insured bare rent their equipment? \_\_\_ Yes X No If yes, please provide a copy of bare rental agreement.
16. Does the insured transport goods of others? \_\_\_ Yes X No Limit? \_\_\_\_\_  
**Gross Receipts:** \_\_\_\_\_ **Items Hauled:** \_\_\_\_\_  
**ICC# (if cargo filing is required):** \_\_\_\_\_
17. Does the insured warehouse goods of others? \_\_\_ Yes X No  
**Gross Receipts:** \_\_\_\_\_ **Items Stored:** \_\_\_\_\_

18. Please provide list of equipment, including year, make, model, serial number, capacity and value. Use additional paper as needed.

**SEE ATTACHED LIST**

Optional Coverage:

- Include Boom/ Overload Coverage  
 Miscellaneous Tools (\$10,000 per Loss/ \$500 Max per item)  
 Rental Expense – 72 Hour Deductible (\$500 / per Day/15,000 Aggregate)  
\_\_\_\_ Leased/ Rented Equipment from others: Limit: \_\_\_\_\_  
\_\_\_\_ Latest 12 Months rental expenditures \_\_\_\_\_  
\_\_\_\_ Motor Truck Cargo  
\_\_\_\_

Previous Insurance Carriers:

Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Premium: \_\_\_\_\_

Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Premium: \_\_\_\_\_

Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Premium: \_\_\_\_\_

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

**PLEASE ATTACH THE FOLLOWING:**

1. 5 YEARS LOSS RUNS
2. LIST OF EQUIPMENT INCLUDING YEAR, MAKE, MODEL, SERIAL NUMBER, CAPACITY, REACH, VALUE
3. COPY OF BARE RENTAL AGREEMENT