



**CONTRACTOR'S  
EQUIPMENT  
APPLICATION**

Call 800-342-5706  
Fax 800-578-7758 • www.surplusins.com  
Email quotes: submit@surplusins.com  
P O Box 749, South Bend IN 46624-0749

1. First Named Insured \_\_\_\_\_  
The first Named Insured is responsible for premium payment, cancellation, and changes - refer to policy wording.

2. Other Insured(s) \_\_\_\_\_

3. Mailing Address \_\_\_\_\_  
Street City County State ZIP Code

4. Effective Date Desired \_\_\_\_\_ Term Desired \_\_\_\_\_

5. **PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.  
Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?  
 No  Yes - If so, give name of company, date, and reason.

6. Years in Business \_\_\_\_\_ Years of Experience \_\_\_\_\_

7. Loss Payable \_\_\_\_\_  
Street City County State ZIP Code

**COVERAGE**

8.  Named Causes of Loss  Named Causes of Loss Including Theft  All Risk  
 Other \_\_\_\_\_

9. Deductible:  \$250  \$500  \$1,000  Other \_\_\_\_\_

**SCHEDULE OF EQUIPMENT**

10.

Unit No.	Year of Unit	Unit Description	Manufacturer	Model	Serial No.	Value or Limit of Liability
1						
2						
3						
4						
5						

**TERMINAL INFORMATION**

11.

Address (Street, City, State, Zip)	Construction	Fire Cnts. Rate	Maximum Value
1			
2			
3			
4			
5			

**UNDERWRITING INFORMATION**

- 12. Type of Contracting (i.e., excavation, mining, logging) \_\_\_\_\_
- 13. If equipment is not inside, is lot fenced?  Yes  No Lighted?  Yes  No
- 14. Is lot attended at all times?  Yes  No Other protections \_\_\_\_\_
- 15. Percentage of time equipment is on job site \_\_\_\_\_%; at terminal \_\_\_\_\_ %
- 16. Is fire extinguishing equipment maintained on each piece of equipment?  Yes  No
- 17. Describe theft safeguards at job sites (eg. alarms, I.D. numbers used, special locks) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 18. Have any payments been delinquent in the last 6 months on equipment to be insured hereunder?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Additional Signature if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date