

**APPLICANT'S INFORMATION**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Applicant's Website \_\_\_\_\_

Year Business Was Started \_\_\_\_\_

Organization Type \_\_\_\_\_ Individual  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Corporation  
\_\_\_\_\_ Joint Venture  
\_\_\_\_\_ Subchapter "S" Corporation  
\_\_\_\_\_ Limited Corporation  
\_\_\_\_\_ Not for Profit

Inspection Contact Name \_\_\_\_\_

Inspection Contact Phone Number \_\_\_\_\_

**OTHER NAMED INSURED**

Are there any OTHER named insureds to be covered by this policy? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, do you want blanket additional insured? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, please list other named insureds:

Named Insured	Address	City, State, Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADDRESS OF MAIN STORAGE YARD**

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**STORAGE YARD SECURITY**

Fully Fenced Yes \_\_\_\_\_ No \_\_\_\_\_  
Flood Lights Yes \_\_\_\_\_ No \_\_\_\_\_  
Night Watchman (during non-working hours) Yes \_\_\_\_\_ No \_\_\_\_\_

If NONE OF THE ABOVE, explain security measures at the job site:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POLICY DATES**

Proposed Effective Date \_\_\_\_\_

Proposed Expiration Date \_\_\_\_\_

(At least 12 months, not to exceed 18 months)

**GENERAL INFORMATION**

Has any policy or coverage been declined, cancelled or non-renewed during the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any bankruptcies, tax or credit liens against the applicant in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Contractor been in business at least 2 years with prior coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, explain previous experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the applicant a municipality? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant perform excavation, grading, or land/site cleaning? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYEE CONTROLS**

Does the applicant perform background checks on new hires? Yes \_\_\_\_\_ No \_\_\_\_\_

Are operator skills tests required prior to hiring? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the procedures in place for Hiring/Training all equipment operators:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do operators have 5 or more years experience with their respective equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, what percentage of operators have at least 5 years experience? \_\_\_\_\_

Are pre-employment drug and alcohol screening tests included? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, are random tests conducted? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, is return-to-work drug testing part of the applicant's drug program? Yes \_\_\_\_\_ No \_\_\_\_\_

**EQUIPMENT VALUES AND DEDUCTIBLE**

Total value of scheduled items valued MORE than \$25,000 each: \_\_\_\_\_

Total value of scheduled items valued LESS than \$25,000 each: \_\_\_\_\_

Total value of unscheduled items valued \$1,000 or LESS each: \_\_\_\_\_

Do you want to insure Cranes? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, total value of Cranes valued \$250,000 or LESS each: \_\_\_\_\_

Maximum limit of any ONE Crane to be insured: \_\_\_\_\_

Do all Crane operators have at least 3 years experience performing the types of lifts? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, what percentage have at least 3 years experience? \_\_\_\_\_

**Equipment Deductible**

Cranes subject to separate deductible

- \_\_\_\_\_ \*\$1,000
- \_\_\_\_\_ \*\$2,500
- \_\_\_\_\_ \*\$5,000
- \_\_\_\_\_ \*\$10,000

**LEASED OR RENTED EQUIPMENT COVERAGE**

Do you require coverage for leased or rented equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, total annual equipment rental expense, past 12 months: \_\_\_\_\_

Estimated annual equipment rental expense, next 12 months: \_\_\_\_\_

Describe the type of equipment rented:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use a checklist to document condition of equipment at acceptance and return? Yes \_\_\_\_\_ No \_\_\_\_\_

Rental Limits (per item/any one loss)

_____	\$25,000/\$50,000
_____	\$50,000/\$100,000
_____	\$100,000/\$200,000
_____	\$250,000/\$500,000
_____	\$350,000/\$700,00
_____	\$500,000/\$1,000,000

Deductible for leased and rental equipment

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

Would you like Rental Cost Reimbursement? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, limit of Rental Cost Reimbursement: \_\_\_\_\_  
Subject to separate deductible

**EQUIPMENT OPERATIONS**

Do you want coverage for Borrowed equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, describe the types of equipment borrowed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any blasting performed at job sites? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant do tunneling, underground mining, strip mining, or oil and gas drilling service? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant have any landfill/waste operations? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant have any waterborne equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

**EQUIPMENT OPERATIONS CONTINUED**

Does the applicant have any agricultural equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

Are equipment tracking devices, such as Lo-Jack, utilized? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide a description of the contractor's operations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the contractor's territory of operation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the LOSS PREVENTION methods for protecting all equipment from loss/damage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe MAINTENANCE PROCEDURES, and by whom performed, for all equipment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIOR CLAIMS**

Any previous Contractor's Equipment claims in the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, Can you provide hard copy loss runs indicating no losses? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of months included in the loss history \_\_\_\_\_

Number of claims \_\_\_\_\_

Total Gross Amount Incurred claims during the history period \_\_\_\_\_

Describe causes of these losses on any above claims:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL DETAILS**

Premium amount of expiring policy

Enter any additional information you would like the underwriter to consider:

\_\_\_\_\_  
\_\_\_\_\_