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| **Date:**  | Click or tap to enter a date. |
| **COMPANY INFORMATION** |
| **Name Insured:**  | Please list. |
| **Years in Business?**  | # Years | Website Address: Please list. |
| **Attach Schedule of Equipment consisting of owned equipment or equipment under long term lease used in your operations including: Year, Make, Model, Description, Serial number, & Value for each item.** (Equipment under Contractors’ Equipment coverage should be mobile in nature. Fixed equipment or equipment that does not leave the schedule location may be covered as business personal property.) |
| **EXPOSURE INFORMATION** |
| **Describe Typical Work Performed with Equipment. Please Explain.** |
| What states do you operate in? | **Please list.** |
| Is your equipment used: | Over Water? | **Yes/No** | On Ice or Muskeg? | **Yes/No** | Underground? | **Yes/No** |
| Do you use have a formal equipment maintenance program? | **Yes/No** | **Do you keep records of maintenance work performed?** | **Yes/No** |
| TRANSIT |
| How is the equipment transported to the jobsite? | On your vehicles [ ]  by Common/Contract Carrier [ ]  |
| Do you ever transport equipment via barge or vessel? | **Yes/No** |
| If yes, how often. Please Explain. | **List Barge lines typically used: Please list.** |
| What is the Maximum Value on any one barge or vessel? | **$ $$** |  |  |
| CRANES |
| Do you use cranes in your operations? | **Yes/No** |
| If yes, do you do any of the following Helicopter, Tandem lifts or waterborne lifts? | **Yes/No** |
| If yes, describe. Please Explain. |
| Who operates the cranes?  | Your Employees [ ]  Subcontractors [ ]  |
| LEASED OR RENTED EQUIPMENT |
| Do you lease or rent equipment FROM others? | **Yes/No** |
| Describe types of equipment typically rented. Please Explain. |
| What is the Maximum Value of any one leased rented item? | **$ $$** | **What are your Estimated Annual Rental Expenditures for the next 12 months?** | **$ $$** |
| Do you lease or rent equipment TO others? | **Yes/No** |
| If yes, do you a rental agreement requiring the renter to carry insurance on the equipment?*Please provide a copy of the standard rental agreement.* | **Yes/No** |
| PROTECTION AT TYPICAL JOBSITE |
| Will the site be: | Fenced? **Yes/No** | Locked? **Yes/No** | Lighted? **Yes/No** |
| Any other security measures? Please Explain. |
| PROTECTION AT STORAGE YARD |
| Where is equipment stored? | Inside Building [ ]  Outside [ ]  | **Describe: Please Explain.** |
| Is the yard: | Fenced? **Yes/No** | Locked? **Yes/No** | Lighted? **Yes/No** |
| Any other security measures? Please Explain. |
| Equipment Theft Control measures used (Check all that apply): |
| [ ]  | Double-stamped ID Numbers | [ ]  | Custom Paint Color/Logo | [ ]  | Tracking Devices on Equipment | [ ]  | Cab or Ignition Locks |
| [ ]  | Keys Removed from Equipment nightly | [ ]  | Keys Stored Securely | [ ]  | Equipment Check out logs | [ ]  | Other: **Please Explain.** |
| LIMITS REQUESTED |
| $ $$ | Scheduled Equipment | **Other Special Coverage needs or exposures?**  |
| $ $$ | Small Tools Limit | **Please Explain.** |
| $ $$ | Small Tools per item Limit |
| $ $$ | Leased Rented Limit |
|  |
| $ $$ | Deductible |

WARRANTY: The purpose of this Contractors Supplemental Questionnaire is to assist in the underwriting process as part of the decision to provide or not provide insurance. Information contained herein is specifically relied upon in determination of insurability. The undersigned authorized representative of the company warrants that the information contained herein is true and accurate. The Contractors Supplemental Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued.

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| **Signature of Proposed Insured\*** | Name and Title | Date |
|  | Enter Text. | Click or tap to enter a date. |

*\*Must be owner, executive officer or partner in the company.*