



**united
national
group**

CONTRACTOR'S EQUIPMENT

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT

Name of Applicant: _____ D/B/A: _____

Mailing Address: _____

Location Address: _____

Inspection Contact Name: _____ Phone Number: _____

Business of Applicant: _____ Effective Date: _____

Schedule of Property

Description of equipment (or attach a schedule of equipment):

Item	Description	Manufacturer	Model Year	Serial #	Limit of Insurance
1					
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					

Miscellaneous Tools & Equipment \$ _____

All Covered Property \$ _____

Deductible

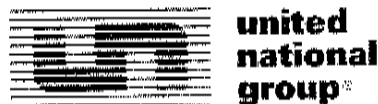
\$1,000 \$2,500 Other \$ _____

Valuation

Actual Cash Value (80% Coinsurance) Replacement Cost - for equipment 5 model years old or less (90% Coinsurance)

Underwriting and Rating Information

- Nature of work for which equipment is used? (e.g., commercial building construction, residential construction, road building, maintenance, sewer construction, etc.) _____
- Will work be done adjacent to water (i.e. tidewater, rivers, lakes, etc)? Yes No
- Will any caisson or cofferdam construction be undertaken? Yes No
- Territorial limits in which equipment is operated: _____
- If equipment is not transported under own power, what mode of transportation is used? _____



6. Location of premises where equipment is generally kept when not in use: _____

7. Is storage yard fenced? _____ Lighted? _____

8. Is equipment stored inside building(s) when not in use? Yes No If yes, construction of building: _____

9. Describe safety measures used to reduce theft and vandalism damage to equipment: _____
 Locking Gas Caps Locking Oil Fill Caps Lo Jack

10. Is equipment left unprotected at job sites? Yes No If Yes, explain: _____

11. How long has insured owned this construction business? _____ Years

12. Any losses in the past three years? Yes No If yes, give complete description of all losses:

Date	Type/Description	Paid	Reserved	Open/Closed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

IF THE APPLICANT IS LOCATED IN THE STATE OF NEW YORK, THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAMED INSURED AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

APPLICANT'S SIGNATURE: _____

NAME OF AUTHORIZED AGENT OR BROKER: _____

ADDRESS: _____