

If active business, must provide Loss Runs



Contractors Equipment

Please attach to Basic App or ACORD 125.

COVERAGE SELECTIONS

- **Form** (select one) Scheduled Form* Schedule on file with Company* Automatic Acquisition**
 * 80% coinsurance. ** Automatic Acquisition has a 90% coinsurance clause. Requires additional schedule at policy expiration or anniversary with premium adjustment based on average of both schedules.
- **Schedule Attached**
- **Deductible** % of amount of insurance on item(s) lost or damaged **OR** \$
- **Catastrophe Limit** \$
- **Valuation:** ACV (Actual Cash Value) RC (Replacement Cost - all items less than 10-years old)
 SA (Stated Amount)
 PL (Partial Loss - No deduction for depreciation on specified equipment less than 10 years old when loss is 20% or less of the amount of insurance.)

OPTIONAL COVERAGES

- Equipment Leased/Rented or Borrowed from Others** (for less than 12 months)
 - Limit: Any 1 Crane \$ Any other item \$ Aggregate \$
 - Deductible: \$ Reporting **OR** Non-Reporting
 - Cost of Leasing: \$ (in last 12 months) Average time period rental
 - Type of equipment leased:
 - Total values of equipment borrowed (on average at any one time): \$
 - Type of equipment borrowed:

- Leased or Rented Equipment - Continuing Expense Coverage**
 - Limit: Per Month \$ Per Year \$

- Employee Tools** - Deductible (If different): \$
 - Limit: All Emp.s' Tools: \$ Any 1 Emp.'s Tools: \$

- Waterborne Coverage** - Deductible (If different): \$
 - Apply to: All items Items noted on schedule Items leased/rented from others.
 - Limit: Per Item: \$ Per Loss: \$

- Underground Coverage** - Deductible (If different): \$
 - Apply to: All items Items noted on schedule Items leased/rented from others.
 - Limit: Per Item: \$ Per Loss: \$

- Lift Exceeding Capacity Coverage**
 - Apply to: All items Items noted on schedule Items leased/rented from others.

	Limits		Waiting Period (minimum 3 days)
	Monthly	Total	
<input type="checkbox"/> Extra Expense	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Loss of Business Income	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Apply to: All items Items noted on schedule

- Rental Expense of Substitute Equipment Coverage**
 - Limit: Per Day: \$ Per Year: \$
 - Waiting Period (min. 3 working days): days

- Watercraft under 26'** Describe:

- Contractors Plus Endorsement** (low limits coverage for borrowed equipment, equipment leased/rented to others, continuing rental expense, rental expense of substitute equipment, removal expense, etc...)

Maximum Values: At Yard/ Storage Site: \$ At Any One Jobsite: \$

BUSINESS PRACTICES

	Yes	No	
- Any cranes owned or leased? (If yes, complete supplemental application) _____	<input type="checkbox"/> *	<input type="checkbox"/>	
- Any <u>crane</u> operators with less than 500 hours of experience? _____	<input type="checkbox"/> *	<input type="checkbox"/>	
- Is any <u>blasting</u> performed? _____	<input type="checkbox"/> *	<input type="checkbox"/>	
- Equipment <u>inspected and serviced</u> regularly? _____	<input type="checkbox"/>	<input type="checkbox"/> *	* Please clarify this response on a separate sheet.
- Is equipment left at jobsite <u>overnight</u> ? _____	<input type="checkbox"/> *	<input type="checkbox"/>	
- Are <u>drug and alcohol tests</u> conducted:			
- Before hiring an employee? _____	<input type="checkbox"/>	<input type="checkbox"/> *	
- Randomly on all current employees? _____	<input type="checkbox"/>	<input type="checkbox"/> *	
- Job <u>training</u> required and provided? _____	<input type="checkbox"/>	<input type="checkbox"/> *	

How is equipment transported?

Who is responsible for loss or damage to equipment in transit?

Equipment is typically stored at:
 If stored in building, describe construction & security:
 Describe Security at Yard:
 Describe Security at Jobsite(s):

SCHEDULE

Item #	Year	Manufacturer/ Model #	Description, Serial No., & accessories to insure	Limit of Insurance	Valuation*	WC, UG, Lift**
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
- Blanket on miscellaneous tools and equipment excluding any single item valued at more than \$ _____.				\$		

- How were these values determined? (Accurate, current values are needed to avoid coinsurance penalties.)

* **Indicate valuation only if more than one valuation applies.** See page 1 of the app for definitions and abbreviations of valuation options. *Note:* Not all valuation options are available for all pieces of equipment.
 ** Identify any items with Waterborne Coverage (WC), Underground Coverage (UG), of Lift Exceeding Capacity Coverage (Lift).