



**CONTRACTORS EQUIPMENT INSURANCE APPLICATION**

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Producer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Desired Effective Date of Insurance: \_\_\_\_\_

List all industry associations in which you are a member in good standing: \_\_\_\_\_

\_\_\_\_\_

Yard Location: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_

Equipment Yard Security: (Lighting, Fencing, Watchmen, etc.) \_\_\_\_\_

\_\_\_\_\_

Annual Gross Revenue: \_\_\_\_\_

Projected next 12 months: \_\_\_\_\_

Last next 12 months: \_\_\_\_\_

12 months previous to last year: \_\_\_\_\_

**OPERATIONS**

Description of locations and types of projects last two years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheets, if necessary)

Any operations include the use of equipment underground, under water, or on watercraft? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What percentage of revenue is derived from operations underground, under water or on water operations? \_\_\_\_\_

**IDEAL Agriculture & Marine, a product of Wichert Insurance**

1200 Graham Road - Cuyahoga Falls, OH 44224

Phone: (330) 929-8686 - Fax: (330) 929-7762

**SAFETY**

Is equipment safety inspected at regular intervals? \_\_\_\_\_

If yes, how frequently? \_\_\_\_\_

Describe transporting vehicle and tie down equipment inspection procedures: \_\_\_\_\_

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

**LEASING**

How often is equipment leased to others without operators? \_\_\_\_\_

Annual Revenue: \_\_\_\_\_

Type of Equipment Leased: \_\_\_\_\_

\_\_\_\_\_

How often do you lease equipment from others without operators? \_\_\_\_\_

Annual cost to lease: \_\_\_\_\_

Schedule of Equipment to be Insured: Complete second page

Description of procedures: Complete third page

Loss Experience: Attach loss runs for last five years from previous insurer(s)

I hereby certify that the foregoing is a good faith representation of the information requested

\_\_\_\_\_  
Name & Title





# CONTRACTORS EQUIPMENT INSURANCE APPLICATION

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## EQUIPMENT MAINTENANCE PROCEDURES

Please describe maintenance routines, procedures and frequency:

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What maintenance is performed by outside professional certified mechanics?

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How often are belly pans removed for cleaning? \_\_\_\_\_

Describe the cool down and fire watch procedures employed: \_\_\_\_\_

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Describe overnight security at job sites: \_\_\_\_\_

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Is equipment loaned/leased to others? \_\_\_\_\_

If so, with or without operator? \_\_\_\_\_

How often? \_\_\_\_\_