



CONNECTICUT UNDERWRITERS, INC.
 421 Wadsworth St., P.O. Box 2784
 Middletown, CT 06457-9284
 Inside CT 800-982-3881
 Outside CT 800-243-3712
 860-347-9600 • Fax 860-347-9611
 Email info@ctunderwriters.com

**CONEXCO
 INSURANCE AGENCY**
 114 Turnpike Road, Suite 109
 Westborough, MA 01581
 508-616-0016 • 800-888-7830
 Fax 508-616-0066
 Email info@conexcoins.com

**NEW HAMPSHIRE UNDERWRITERS
 INSURANCE AGENCY**
 116 South River Rd., Bldg. D, Suite 6A
 Bedford, NH 03110
 603-622-2231 • 800-562-2254
 Fax 603-622-2655
 Email info@nhunderwriters.com

**CONNECTICUT
 UNDERWRITERS, INC.-PA**
 600 W. Germantown Pike, Suite 400
 Plymouth Meeting, PA 19462-1046
 610-260-1499 • 800-736-7157
 Fax 610-828-8257
 Email info@ctunderwriters-pa.com

CONTRACTORS EQUIPMENT APPLICATION

Please read this application carefully and complete all sections.

Applicant's Name _____

Business Address _____

Number of years in this business _____ Type of work for which equipment is used _____

Where will equipment be used? _____

Will equipment be parked or stored on job site when not in use? Yes No If not, describe other location _____

Describe security at:

(a) Job site when equipment is not operating _____

(b) Storage location _____

How often is equipment serviced? _____ Who services the equipment? _____

Are bulldozers, loaders, backhoes equipped with: Locking gas caps? Yes No Anti theft devices? Yes No

Will equipment be used: In water on barges? Yes No Near water (bridge/dam/levee work)? Yes No

Does applicant lease, loan, or rent equipment to others? Yes No (Attach copy of lease or rental agreement).

Who's employees operate the equipment? _____

Does applicant lease, loan, or rent equipment from others? Yes No (Attach copy of lease or rental agreement).

Who's employees operate the equipment? _____

COVERAGE DESIRED

All Risks (Incl. Flood) Named Perils (Specify) _____

Deductible _____ Requested Effective Date _____

LOSS HISTORY (MUST BE COMPLETED FULLY)

Year	From	To	No. of Claims	Amount of Claims (Before Application of any Deductible)	Cause(s) of Loss	Name of Company
20						
20						
20						
20						
20						

Name of present (or most recent policy) Insurer _____

Policy term (from _____ to _____); Deductible Amount\$ _____ Policy Rate _____

Has any insurance company within the past 5 years cancelled or declined to renew your equipment insurance coverage?

No Yes, Explain: _____

LOSS PAYEES

Name and Post Office Address	Identify Equipment to which Lien Applies

COMPLETE EQUIPMENT SCHEDULE ON REVERSE SIDE

Schedule of Equipment (Excluding Cranes)

Item No.	Model Year	Type Unit, Manufacturer, Model, Capacity	Serial No.	Date Purchased	New/Used	Purchase Price	Amount of Insurance

CRANES

Item No.	Model Year	RIG Type – MFG – Model – Capacity Carriage – Wheel or Track Boom(Conventional – Hydraulic – Hydro) Boom & JIB - Length	Serial No.	Date Purchased	New/Used	Purchase Price	Amount of Insurance
					Base Unit Boom <u>JIB Acces.</u> TOTAL		
					Base Unit Boom <u>JIB Acces.</u> TOTAL		
					Base Unit Boom <u>JIB Acces.</u> TOTAL		

Does applicant own any equipment on which insurance is not currently being sought? No Yes If "Yes", Explain why insurance is not being purchased _____

Applicant's _____ (Signature) _____ (Title) _____ (Date)

Producer's Name _____ (Signature)

Mailing Address _____ (Date)

Telephone _____ NOTE: If additional schedule space is needed, attach Supplemental Schedules.