



# ESSEX INSURANCE COMPANY

4521 Highwoods Parkway, Glen Allen, Virginia 23060-6148 P.O. Box 2010, Glen Allen, Virginia 23058-2010  
(804) 273-1400 (800) 345-3351 Fax (804) 273-1431

## CONTRACTORS EQUIPMENT APPLICATION

Name of Applicant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Policy Term: \_\_\_\_\_ to \_\_\_\_\_  
 Insured is: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Joint Venture.  
 Years of Construction Experience: \_\_\_\_\_  
 Description of Operations: \_\_\_\_\_  
 \_\_\_\_\_  
 Territory of Operations: \_\_\_\_\_  
 \_\_\_\_\_

COVERAGE/DEDUCTIBLE /
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EQUIPMENT STORAGE			UNSCHEDULED EQUIPMENT		
Maximum Value					
In Building	Outside	Type of Security	Description	Maximum per Item	Max. per Occurrence

Any waterborne exposure? ( ) Yes ( ) No  
 Any underground exposures? ( ) Yes ( ) No  
 If yes, please explain: \_\_\_\_\_  
 Limit Desired: \_\_\_\_\_

Is Equipment rented, loaned to others? ( ) Yes ( ) No (If yes, attach copy of lease/rental agreement(s))  
 If yes, with operators? ( ) Yes ( ) No  
 Limit Desired: \_\_\_\_\_

Is Equipment rented, loaned from others to you? ( ) Yes ( ) No  
 Total rental expenditures past 12 months: \_\_\_\_\_  
 Total expenditures anticipated next 12 months: \_\_\_\_\_  
 Limit Desired: \_\_\_\_\_

Other Optional Coverages available:  
 Rental Reimbursement needed? ( ) Yes ( ) No If Yes, Limit per Day \_\_\_\_\_  
 Per Occurrence \_\_\_\_\_  
 Additionally Acquired Property: up to \$25,000 for 30 Days. ( ) Yes ( ) No

Is Applicant operating equipment not listed here? ( ) Yes ( ) No

How is equipment transported? (Own vehicles or common carrier?) \_\_\_\_\_

Location and construction of storage building(s), if any: \_\_\_\_\_

Proportion of time stored: \_\_\_\_\_

Describe any repair operations: \_\_\_\_\_

Has any company cancelled, denied or declined to renew coverage? ( ) Yes  
( ) No If yes, please explain \_\_\_\_\_

Present Carrier: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_  
Rate: \_\_\_\_\_ Deductible: \_\_\_\_\_

Losses past 3 years:	Date of Loss	Details
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are Portable Tools to be covered on a blanket basis? ( ) Yes ( ) No  
If yes, Limit \$ \_\_\_\_\_ per Occurrence; Maximum Limit per Tool \$ \_\_\_\_\_ (up to \$1,000 Max. per Tool)

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

The Proposer agrees that the statements contained in this application are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

**SCHEDULE OF EQUIPMENT**

