

## CONTRACTORS EQUIPMENT PROPOSAL FORM

**Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.**

1. Name of Applicant \_\_\_\_\_
2. Business Address \_\_\_\_\_
3. How long in business? \_\_\_\_\_
4. In which territories is the equipment used? \_\_\_\_\_
5. Purpose(s) for which the equipment is used: \_\_\_\_\_
6.
  - a. Location to equipment is returned when not in use: \_\_\_\_\_
  - b. Is Equipment housed? ☐ Yes ☐ No  
If so, estimate maximum value at any one time: \$ \_\_\_\_\_
  - c. Is equipment in open? ☐ Yes ☐ No  
If so, estimate maximum value at any one time: \$ \_\_\_\_\_
  - d. If equipment is in open, is area fully enclosed by fence? ☐ Yes ☐ No
7.
  - a. Does Applicant do any road building or other work in mountainous areas? ☐ Yes ☐ No
  - b. Does Applicant do any dynamiting or work at job sites where others might do dynamiting work? ☐ Yes ☐ No
  - c. Will the equipment be used over water, such as bridge building or on barges, bulkhead or jetty work? ☐ Yes ☐ No
8. Has the Applicant sustained any losses during the past 5 years which would have been covered under this form of insurance if the Applicant had carried such a policy? ☐ Yes ☐ No
9. If so, state when such losses occurred: \_\_\_\_\_
10. Was insurance carried? ☐ Yes ☐ No
11. If so, state Agency insuring same: \_\_\_\_\_
12. State fully circumstances and amount of loss or losses: \_\_\_\_\_
13. Has Lloyd's or any Company ever cancelled insurance for Applicant? ☐ Yes ☐ No  
Has such insurance ever been refused? ☐ Yes ☐ No  
If so, give full particulars: \_\_\_\_\_
14. Who has \_\_\_\_\_

15. Who has previously insured the Applicant's equipment?

---

16. **SCHEDULE**

Item	Cost (New)	Date of Purchase	Purchase Price	Actual Cash Value	Loss Payable

16. a. Will any equipment be hired out? ☐ Yes ☐ No

b. If so, is the equipment driven solely by the employees of the Assured? ☐ Yes ☐ No

17. How often is the equipment serviced and by whom?

---

18. Is there any other material fact, within your knowledge, regarding this proposal of insurance, which should be submitted to the Insurers for consideration? ☐ Yes ☐ No

19. Coverage Required:

a. ☐ All Risks / ☐ Named Perils

b. Flood or landslip exposure? ☐ Yes ☐ No

c. Labour trouble? ☐ Yes ☐ No

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_

SUBMITTED BY: \_\_\_\_\_

