

**Contractors Equipment Application  
Contractors Program**

**Name Insured**  
**D/B/A** \_\_\_\_\_

**Principal Location** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
(if different from above)

**Contact Person:** \_\_\_\_\_

*Phone:* \_\_\_\_\_ *FAX* \_\_\_\_\_

**Description of Operation/States you conduct business.**

**Type of Ownership**            **Corporation** \_\_\_ **Partnership** \_\_\_ **LLC** \_\_\_ **Individual** \_\_\_  
**Other (explain)** \_\_\_\_\_

**Have your operations changed in the past five years?** \_\_\_ **If yes, please explain.**

**Years in Business under current management?** \_\_\_\_\_

**Have you declared bankruptcy or been in receivership within the past five years?** Yes \_\_\_ NO \_\_\_

**Do your operations involve the use of equipment while waterborne?** Yes \_\_\_ No \_\_\_ **If yes, please explain what is being done, how frequently this is done and your equipment used to conduct this activity.**

**Do you want coverage for your equipment when waterborne?** Yes \_\_\_ No \_\_\_  
**If yes, what Limit of Insurance needed for equipment while waterborne?** \$ \_\_\_\_\_.

**Do you lease equipment to others without operators?** Yes \_\_\_ No \_\_\_ **If yes, please explain how often this is done, what type equipment is leased and the approximate annual revenues you derive from this activity? (Note: Policy does not cover this exposure unless specifically endorsed)**

**Do you lease equipment from others without operators?** Yes \_\_\_ No \_\_\_ **If yes, what was your annual cost to lease equipment last year?** \$ \_\_\_\_\_ **What you do expect the annual cost to be this year?** \_\_\_\_\_



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**Schedule of Equipment to be Insured**

<u>Item #</u>	<u>Year Mfg'd</u>	<u>Manufacturer</u>	<u>Description</u>	<u>Identification #</u>	<u>Model Number</u>	<u>Limit of Insurance</u>

List any loss payees needed on above equipment

**FRAUD WARNINGS**

**NOTICE TO ARKANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO COLORADO APPLICANTS:** "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

**NOTICE TO FLORIDA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

**NOTICE TO KENTUCKY APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

**NOTICE TO MINNESOTA APPLICANTS:** "A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

**NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO NEW YORK APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

**NOTICE TO OHIO APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**NOTICE TO PENNSYLVANIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE ANY INSURANCE, NOR DOES IT IN ANY WAY SIGNIFY ANY ACCEPTANCE OF ANY COVERAGE ON THE PART OF THE COMPANY. THE APPLICANT IS HEREBY APPLYING TO THE COMPANY FOR A POLICY OF INSURANCE AS SET FORTH IN THIS QUESTIONNAIRE ON THE BASIS OF THE STATEMENTS CONTAINED HEREIN.**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date