



# Contractors Equipment

Please attach to Basic App or ACORD 125.

## COVERAGE SELECTIONS

- **Form** (select one)  Scheduled Form\*  Schedule on file with Company\*  Automatic Acquisition\*\*  
 \* 80% coinsurance. \*\* Automatic Acquisition has a 90% coinsurance clause. Requires additional schedule at policy expiration or anniversary with premium adjustment based on average of both schedules.
- **Schedule Attached**
- **Deductible**  % of amount of insurance on item(s) lost or damaged **OR** \$
- **Catastrophe Limit** \$
- **Valuation:**  ACV (Actual Cash Value)  RC (Replacement Cost - all items less than 10-years old)  
 SA (Stated Amount)  
 PL (Partial Loss - No deduction for depreciation on specified equipment less than 10 years old when loss is 20% or less of the amount of insurance.)

## OPTIONAL COVERAGES

- Equipment Leased/Rented or Borrowed from Others** (for less than 12 months)
  - Limit: Any 1 Crane \$  Any other item \$  Aggregate \$
  - Deductible: \$   Reporting **OR**  Non-Reporting
  - Cost of Leasing: \$  (in last 12 months) Average time period rental
  - Type of equipment leased:
  - Total values of equipment borrowed (on average at any one time): \$
  - Type of equipment borrowed:

- Leased or Rented Equipment - Continuing Expense Coverage**
  - Limit: Per Month \$  Per Year \$

- Employee Tools** - Deductible (If different): \$ 
  - Limit: All Emp.s' Tools: \$  Any 1 Emp.'s Tools: \$

- Waterborne Coverage** - Deductible (If different): \$ 
  - Apply to:  All items  Items noted on schedule  Items leased/rented from others.
  - Limit: Per Item: \$  Per Loss: \$

- Underground Coverage** - Deductible (If different): \$ 
  - Apply to:  All items  Items noted on schedule  Items leased/rented from others.
  - Limit: Per Item: \$  Per Loss: \$

- Lift Exceeding Capacity Coverage**
  - Apply to:  All items  Items noted on schedule  Items leased/rented from others.

- |   | Limits                  |                         | Waiting Period<br>(minimum 3 days) |
|---|-------------------------|-------------------------|------------------------------------|
|   | Monthly                 | Total                   |                                    |
| <input type="checkbox"/> <b>Extra Expense</b>           | \$ <input type="text"/> | \$ <input type="text"/> | <input type="text"/>               |
| <input type="checkbox"/> <b>Loss of Business Income</b> | \$ <input type="text"/> | \$ <input type="text"/> | <input type="text"/>               |
- Apply to:  All items  Items noted on schedule

- Rental Expense of Substitute Equipment Coverage**
  - Limit: Per Day: \$  Per Year: \$
  - Waiting Period (min. 3 working days):  days

- Watercraft under 26'** Describe:

- Contractors Plus Endorsement** (low limits coverage for borrowed equipment, equipment leased/rented to others, continuing rental expense, rental expense of substitute equipment, removal expense, etc...)

**Maximum Values:** At Yard/ Storage Site: \$  At Any One Jobsite: \$

**BUSINESS PRACTICES**

	Yes	No	
- Any cranes owned or leased? (If yes, complete supplemental application) _____	<input type="checkbox"/>	<input type="checkbox"/>	* Please clarify this response on a separate sheet.
- Any <u>crane</u> operators with less than 500 hours of experience? _____	<input type="checkbox"/>	<input type="checkbox"/>	
- Is any <u>blasting</u> performed? _____	<input type="checkbox"/>	<input type="checkbox"/>	
- Equipment <u>inspected and serviced</u> regularly? _____	<input type="checkbox"/>	<input type="checkbox"/>	
- Is equipment left at jobsite <u>overnight</u> ? _____	<input type="checkbox"/>	<input type="checkbox"/>	
- Are <u>drug and alcohol</u> tests conducted:			
- Before hiring an employee? _____	<input type="checkbox"/>	<input type="checkbox"/>	
- Randomly on all current employees? _____	<input type="checkbox"/>	<input type="checkbox"/>	
- Job <u>training</u> required and provided? _____	<input type="checkbox"/>	<input type="checkbox"/>	

How is equipment transported?

Who is responsible for loss or damage to equipment in transit?

Equipment is typically stored at:

If stored in building, describe construction & security:

Describe Security at Yard:

Describe Security at Jobsite(s):

**SCHEDULE**

Item #	Year	Manufacturer/ Model #	Description, Serial No., & accessories to insure	Limit of Insurance	Valuation*	WC, UG, Lift**
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
- Blanket on miscellaneous tools and equipment excluding any single item valued at more than \$ <input type="text"/>				\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

- How were these values determined? (Accurate, current values are needed to avoid coinsurance penalties.)

\* **Indicate valuation only if more than one valuation applies.** See page 1 of the app for definitions and abbreviations of valuation options. *Note:* Not all valuation options are available for all pieces of equipment.

\*\* Identify any items with Waterborne Coverage (WC), Underground Coverage (UG), of Lift Exceeding Capacity Coverage (Lift).