

CONTRACTOR'S EQUIPMENT APPLICATION

Answer all questions completely. If answer is non-existent or negative, write "None" or "No"

Name of Applicant: _____

Mailing Address: _____

Business Address (if different from above): _____

Term of Coverage: Effective: _____ Expiration: _____

1. Nature of Business: _____

2. Applicant's Financial Status: _____

Is D&B report available? Yes No If Yes, include a confidential copy of underwriting.

3. Total Values: \$ _____ Casualty Limit Any One Loss: \$ _____

4. Equipment Schedule: Attach list of equipment providing the following information on each piece of equipment:

EQUIPMENT NAME	DESCRIPTION	MFG. SERIAL NUMBER	YEAR BUILT	LIMIT OF INSURANCE
				\$
				\$
				\$
				\$
				\$

5. Where is equipment stored? _____

6. Is there a repair facility Yes No If Yes, give specific location:

A. Maximum values contained inside: \$ _____

B. Outside and within 75 feet of the building: \$ _____

7. Maximum values at any one job site: \$ _____ Probable Maximum Loss (\$ or %): _____

A. Maximum number of job sites operating at one time: _____

B. Radius of equipment in transit: _____ miles

8. Is a regular maintenance program in effect at present? Yes No If Yes, describe

9. Is property ever rented from others? Yes No If Yes, attach rental agreement and state values: \$ _____

A. Is property ever rented to others: Yes No If Yes, indicate estimated values the insured may be responsible for:

\$ _____

Describe or attach rental agreement: _____

10. Are job sites in riot, vandalism or other theft prone area? Yes: No
A. Would there be any labor related problems: Yes: No If Yes, describe

11. List all losses, insured or not, for the past five years:

12. Loss Payee: _____

13. Basic deductibles applicable:

- Individual equipment valued from \$1,000 to \$10,000 Deductible \$250
 Individual equipment valued from \$10,001 to \$50,000 Deductible \$500
 Individual equipment valued from \$50,001 and up Deductible 1%

14. Optional increased deductibles:

- \$5,000 or 2% deductible Credit 10%
 \$10,000 or 5% deductible Credit 15%
 \$25,000 or 10% deductible Credit 20%

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's
Signature: _____

Date: _____

Print Name: _____

Title: _____