



# Contractors Equipment

Please attach to Basic App or ACORD 125.

COVERAGE SELECTIONS																	
- <b>Form</b> (select one) * 80% coinsurance.	<input type="checkbox"/> Scheduled Form*	<input type="checkbox"/> Schedule on file with Company*	<input type="checkbox"/> Automatic Acquisition**														
** Automatic Acquisition has a 90% coinsurance clause. Requires additional schedule at policy expiration or anniversary with premium adjustment based on average of both schedules.																	
- <b>Schedule Attached</b>	<input type="checkbox"/>																
- <b>Deductible</b>	<input type="text" value=""/> %	of amount of insurance on item(s) lost or damaged	<b>OR</b> \$ <input type="text" value=""/>														
- <b>Catastrophe Limit</b>	\$ <input type="text" value=""/>																
- <b>Valuation:</b>	<input type="checkbox"/> ACV (Actual Cash Value) <input type="checkbox"/> RC (Replacement Cost - all items less than 10-years old) <input type="checkbox"/> SA (Stated Amount) <input type="checkbox"/> 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																	
<input type="checkbox"/> <b>Equipment Leased/Rented or Borrowed from Others</b> (for less than 12 months)																	
- Limit: Any 1 Crane	\$ <input type="text" value=""/>	Any other item	\$ <input type="text" value=""/> Aggregate \$ <input type="text" value=""/>														
- Deductible:	\$ <input type="text" value=""/>	<input type="checkbox"/> Reporting	<b>OR</b> <input type="checkbox"/> Non-Reporting														
- Cost of Leasing:	\$ <input type="text" value=""/> (in last 12 months)	Average time period rental	<input type="text" value=""/>														
- Type of equipment leased:	<input type="text" value=""/>																
- Total values of equipment borrowed (on average at any one time):	\$ <input type="text" value=""/>																
- Type of equipment borrowed:	<input type="text" value=""/>																
<input type="checkbox"/> <b>Leased or Rented Equipment - Continuing Expense Coverage</b>																	
- Limit: Per Month	\$ <input type="text" value=""/>	Per Year	\$ <input type="text" value=""/>														
<input type="checkbox"/> <b>Employee Tools</b>																	
- Deductible (If different):	\$ <input type="text" value=""/>																
- Limit: All Emp.'s Tools:	\$ <input type="text" value=""/>	Any 1 Emp.'s Tools:	\$ <input type="text" value=""/>														
<input type="checkbox"/> <b>Waterborne Coverage</b>																	
- Deductible (If different):	\$ <input type="text" value=""/>																
- Apply to:	<input type="checkbox"/> All items	<input type="checkbox"/> Items noted on schedule	<input type="checkbox"/> Items leased/rented from others.														
- Limit: Per Item:	\$ <input type="text" value=""/>	Per Loss:	\$ <input type="text" value=""/>														
<input type="checkbox"/> <b>Underground Coverage</b>																	
- Deductible (If different):	\$ <input type="text" value=""/>																
- Apply to:	<input type="checkbox"/> All items	<input type="checkbox"/> Items noted on schedule	<input type="checkbox"/> Items leased/rented from others.														
- Limit: Per Item:	\$ <input type="text" value=""/>	Per Loss:	\$ <input type="text" value=""/>														
<input type="checkbox"/> <b>Lift Exceeding Capacity Coverage</b>																	
- Apply to:	<input type="checkbox"/> All items	<input type="checkbox"/> Items noted on schedule	<input type="checkbox"/> Items leased/rented from others.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Limits</th> <th rowspan="2">Waiting Period (minimum 3 days)</th> </tr> <tr> <th>Monthly</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> <b>Extra Expense</b></td> <td>\$ <input type="text" value=""/></td> <td>\$ <input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> <tr> <td><input type="checkbox"/> <b>Loss of Business Income</b></td> <td>\$ <input type="text" value=""/></td> <td>\$ <input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> </tbody> </table>					Limits		Waiting Period (minimum 3 days)	Monthly	Total	<input type="checkbox"/> <b>Extra Expense</b>	\$ <input type="text" value=""/>	\$ <input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/> <b>Loss of Business Income</b>	\$ <input type="text" value=""/>	\$ <input type="text" value=""/>	<input type="text" value=""/>
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	Monthly	Total															
<input type="checkbox"/> <b>Extra Expense</b>	\$ <input type="text" value=""/>	\$ <input type="text" value=""/>	<input type="text" value=""/>														
<input type="checkbox"/> <b>Loss of Business Income</b>	\$ <input type="text" value=""/>	\$ <input type="text" value=""/>	<input type="text" value=""/>														
Apply to:	<input type="checkbox"/> All items	<input type="checkbox"/> Items noted on schedule															
<input type="checkbox"/> <b>Rental Expense of Substitute Equipment Coverage</b>																	
- Limit: Per Day:	\$ <input type="text" value=""/>	Per Year:	\$ <input type="text" value=""/>														
- Waiting Period (min. 3 working days):	<input type="text" value=""/> days																
<input type="checkbox"/> <b>Watercraft under 26'</b> Describe: <input type="text" value=""/>																	
<input type="checkbox"/> <b>Contractors Plus Endorsement</b> (low limits coverage for borrowed equipment, equipment leased/rented to others, continuing rental expense, rental expense of substitute equipment, removal expense, etc...)																	
<b>Maximum Values:</b> At Yard/ Storage Site: \$ <input type="text" value=""/> At Any One Jobsite: \$ <input type="text" value=""/>																	

**BUSINESS PRACTICES**

- |   |                          |                          |  |
|---|--------------------------|--------------------------|--|
|   | Yes                      | No                       |  |
| - Any cranes owned or leased? (If yes, complete supplemental application) _____ | <input type="checkbox"/> | <input type="checkbox"/> |  |
| - Any crane 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 tests</u> 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"/> |  |

\* Please clarify this response on a separate sheet.

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 style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 200px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 200px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
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- Blanket on miscellaneous tools and equipment excluding any single item valued at more than \$ <input style="width: 50px;" type="text"/>				\$ <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" 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).