



# “Contractors’ Choice” Equipment Product

## “CONTRACTORS’ CHOICE” EQUIPMENT PRODUCT WARRANTY APPLICATION

All questions must be answered and application must be signed by the applicant.

1. Applicants’ Name: \_\_\_\_\_
2. Applicants’ Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Web Address: \_\_\_\_\_

3. Applicants’ Operations:  Grading/Paving/Excavating       Landscaping       Sand and Gravel Hauler  
 Plumbing       Roofing       Irrigator  
 Tree Trimmer       Farming       General Contracting  
 Other (describe): \_\_\_\_\_

4. Applicants’ Years in Business: \_\_\_\_\_ Applicants’ Years of Experience: \_\_\_\_\_

5. Has applicant or majority partner filed for bankruptcy in the past 5 years?  Yes  No
6. Has this coverage been cancelled or nonrenewed, including for non payment, in the past 3 years?  Yes  No

7. **Schedule of Property** - Description of owned and leased equipment:

| Item | Manufacturer | Model Number | Model Year | Serial Number | Description | Limit of Insurance |
|------|--------------|--------------|------------|---------------|-------------|--------------------|
| 1    |              |              |            |               |             | \$                 |
| 2    |              |              |            |               |             | \$                 |
| 3    |              |              |            |               |             | \$                 |
| 4    |              |              |            |               |             | \$                 |
| 5    |              |              |            |               |             | \$                 |
| 6    |              |              |            |               |             | \$                 |
| 7    |              |              |            |               |             | \$                 |
| 8    |              |              |            |               |             | \$                 |
| 9    |              |              |            |               |             | \$                 |
| 10   |              |              |            |               |             | \$                 |

\*Attach another page if necessary      Miscellaneous Tools & Equipment (Per item value of less than \$1,000) \$ \_\_\_\_\_  
 All Covered Property \$ \_\_\_\_\_

8. Does insured desire coverage for equipment borrowed and rented from others for an additional charge?  No       \$25,000 per piece       \$50,000 per piece

a. Estimated annual rental expense: (Do not include expense for scheduled equipment) \$ \_\_\_\_\_

9. **Deductible**

- \$1,000       \$2,500       Other \$ \_\_\_\_\_

10. **Valuation**

- Actual Cash Value       Replacement Cost - for equipment 5 model years old or newer  
 (80% Coinsurance)      (90% Coinsurance)

**UNDERWRITING AND RATING INFORMATION**

11. How many contractors’ equipment losses has the insured incurred in the past three years? \_\_\_\_\_  
 Total incurred amount? \_\_\_\_\_ Details: \_\_\_\_\_

12. Does the insured perform any mining, logging, rigging, salvage or scrap, or underground operation?  Yes  No
13. Are there any asphalt plants, cranes, conveyors or rock drills on the schedule of equipment?  Yes  No
14. Are there any scheduled vehicles licensed for over-the-road use?  Yes  No
15. Is any equipment mounted on barges or used on or adjacent to water in any way?  Yes  No



16. Any work performed at nuclear facilities, chemical or petroleum plants?  Yes  No
17. Does the insured lease, loan or rent equipment to others?  Yes  No
18. Is all Contractors' Equipment on this schedule stored in a well-lit, fenced area or in a locked building when not in use?  Yes  No  
If no, where is the Equipment stored?  At Jobsite  Brought Back to Shop  Other \_\_\_\_\_
19. Is all equipment equipped with a Lo-Jack system?  Yes  No
20. Prior Carrier \_\_\_\_\_ Policy Term \_\_\_\_\_ to \_\_\_\_\_ Premium \$ \_\_\_\_\_
21. Loss Payee \_\_\_\_\_

**Colorado Fraud Statement:** 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 a 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.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** 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 of the third degree.

**Kentucky Fraud Statement:** 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.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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 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.

**Ohio Fraud Statement:** 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.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** 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.

**Authorization:** I/we authorize the Company to provide the National Equipment Register (NER) with the information provided in response to Questions 1, 2 and 7 of this application for purposes of registering insured equipment in the NER theft detection and tracking program.

Applicant's Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner, Principal, or Partner)

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Mail Completed Application Through Local Agent or Broker to: