

# Contractors Equipment Floater Application

## Contact Information

Name of Insured: \_\_\_\_\_

Entity Type: \_\_\_\_\_

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

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Qualification Questions

Any crane or logging equipment?  Yes  No

Any equipment principally used underground?  Yes  No

Any equipment losses in the past 5 years? If yes, please explain  Yes  No

## Additional Information

Years of Industry Experience: \_\_\_\_\_

Description of Business Operations: \_\_\_\_\_

Address of primary location *(if different to mailing address above)*: \_\_\_\_\_

\_\_\_\_\_

## Prior Coverage

Carrier Name	Policy Number	Expiration Date

# Contractors Equipment Floater Application

## Coverage Options

Effective Date of Coverage

\_\_\_\_\_

### Category

### Limit to Insure

#### Scheduled Equipment

Owned Equipment

\_\_\_\_\_

Office Contents

\_\_\_\_\_

#### Unscheduled Equipment

Unscheduled Equipment

*Input limit options*

\_\_\_\_\_

Rented Equipment

*Input limit options*

\_\_\_\_\_

Expense

*Input limit options*

\_\_\_\_\_

Signature:	Date:
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