



“CONTRACTORS’ CHOICE” EQUIPMENT PRODUCT WARRANTY APPLICATION
ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY 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 three 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	Description	Manufacturer	Model Year	Serial Number	Limit of Insurance
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$

* Attach another page if necessary

Miscellaneous Tools & Equipment \$ _____
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 _____

Fraud Statement: Any person who knowingly and with the 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.

Warranties: I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent.

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.

Signature of Applicant* _____ Title _____ Date _____
 (Must be Owner, Officer or Partner) (Required) (Required)

**SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED.*

The State of New York requires 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:

(FAX

NAME: _____
COMPANY: _____
ADDRESS: _____
STATE, ZIP: _____
DATE: _____
NUMBER OF PAGES(incl. Cover): _____
* FAX TO: _____

PLEASE FAX THIS APPLICATION TO THE OFFICE THAT IS NEAREST YOU.

* Click the link below for a list of our offices and current fax numbers.

<http://www.qsr-insurance.com/qsr-fax.html>

ADDITIONAL COMMENTS:

