



Casualty & Surety, Inc.
 100 Corporate Parkway, Suite 350
 Birmingham, AL 35242

205.995.0713 Phone
 205.995.0862 Fax
 WWW.CSIAPEX.COM

CONTRACTOR'S EQUIPMENT APPLICATION (CSICE2/01)

Quote Date: _____ Agency Name: _____
 Cover Date: _____ Agency Contact: _____
 Exp. Date: _____ Agency Phone: _____
 Policy Term _____ Agency Fax: _____
 Does Agent Know Proposed Insured Personally? Yes ___ No ___ Number of Years ___
 What Other Coverages Do You Write For This Insured: _____

INSURED INFORMATION

| | | | |
|--|-----|--------|-----------------------------------|
| Insured Name: | | | SS#: |
| Insured DBA: | | | FED ID#: |
| Address: | | | Phone: |
| City | | State: | Zip: |
| Type Business | | | Years in Business: |
| Prior Carrier: | | | 5 Year Loss Amt: \$ |
| Explanation of Loss | | | |
| What Company Writes W/C & G/L For Insured: | | | Loss Date: |
| Radius of Operation: | | Miles: | Avg. Yrs. Experience of Operation |
| # Pieces Owned: | | | # Pieces Insured: |
| | YES | NO | Explain Yes Response |
| Any equipment rented or loaned to others with operator? | | | |
| Any equipment rented or loaned to others without operator? | | | |
| Provide overview of maintenance program (Attach separate sheet if applicable) | | | |
| For forestry/construction, describe cool down procedures. (Attach separate sheet in necessary) | | | |

EQUIPMENT DETAIL

Note Type of Fire Suppression Equipment By Each Machine Listed Below (i.e. Water Tank, Fire Extinguisher, Etc.)

| Unit | Year | Make & Model | Fire | Serial # | Ins. Amt. | Ded. | Rate | Premium |
|------|------|--------------|------|----------|-----------|------|------|---------|
| #1 | | | | | | | | |
| #2 | | | | | | | | |
| #3 | | | | | | | | |
| #4 | | | | | | | | |
| #5 | | | | | | | | |

The undersigned certifies that the answers herein are true and correct to the best of his/her knowledge. Signing of the application does not bind the insurer to complete the insurance but it is agreed that this form shall be the basis of a contract should a policy be issued.

Loss Payee Signature: _____ Total Premium: _____

Applicant Signature: _____ Producer: _____