



Contractor's Equipment Application

Application for the following states: AZ, CA, CO, NM, NV, TX, WA & UT ONLY

Agent's Information:

Agency Name: _____ Contact Person: _____ Agent Code: _____

Phone Number: _____ Fax Number: _____ Email: _____

Insured's Information:

Name of Insured: _____ DBA: (Business Name) _____

Mailing Address: _____ City: _____ State _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Location Address: _____ City _____ State _____ Zip _____

Business Experience

Number of Years in Business _____ Total Years of Construction Experience _____

Expiration Date of Current or Expired Policy _____ Number of Years Continuous Insurance _____

Number of Inland Marine Losses _____ Amount \$ _____

Description Of Operations (must be at least 10 words): _____

Coverages

Office Contents \$ _____ Miscellaneous Tools (\$1,500 in value or under) \$ _____

Computer Systems (equipment) \$ _____ Computer Systems (data & media) \$ _____

Computer Systems (extra expense) \$ _____ Installation Floater \$ _____

Total Value of Scheduled Equipment \$ _____ (Light to Medium)

Total Value of Scheduled Equipment \$ _____ (Heavy)

Rented/Leased Equipment (from others) \$ _____

