



Contractor's Equipment Quote & Bind Online Application

Insured Information

Insured Name _____ DBA _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Contact Name _____

Phone Number _____ Email Address _____

Eligibility

Years in Business _____

Loss history in the past 3 years _____

Details

Effective Date _____ Expiration Date _____

Type of Operation _____

Operator Drug Testing: None New Hires Only New + All Employees

Coverage Limits

Equipment Schedule:

Item Number	Model Year	Equipment Description	Serial Number	Limit of Insurance

Type of Equipment _____

Is any one item over \$350,000? Yes No

Deductible _____

	Covered	Not Covered
Equipment Leased/Rented from Others (Period Less Than 12 Months) -Excludes Coverage for Cranes (If Covered) Est. Annual Rental Costs for Leased/Rented Equipment _____ (If Covered) Limit - Per Item/All Items _____	<input type="checkbox"/>	<input type="checkbox"/>
Rental Expense (\$1,000 per day, \$10,000 total)	<input type="checkbox"/>	<input type="checkbox"/>
Lifts Exceeding Capacity	<input type="checkbox"/>	<input type="checkbox"/>
Employee Tools (If Covered) Total Value of employee's tools _____	<input type="checkbox"/>	<input type="checkbox"/>
Contractor's Equipment Plus Endorsement	<input type="checkbox"/>	<input type="checkbox"/>