United States Liability Insurance Group

"Contractors' Choice" Equipment Product

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Applicant's Name: _____
2. Applicant's Address: _____
3. Applicant's Operations: _____
4. Applicant's Years in Business: _____

5. Schedule of Property

Description of 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 $ _____

6. Deductible

❑ $1,000 ❑ $2,500 ❑ Other $ _____

7. Valuation

❑ Actual Cash Value (80% Coinsurance)

❑ Replacement Cost - for equipment 5 model years old or newer (90% Coinsurance)

Underwriting and Rating Information

8. How many contractors' equipment losses has the insured incurred in the past three years? _____
   Total incurred amount? _____ Details: _____
9. Does the insured perform any mining, logging, rigging or underground operation? ❑ Yes ❑ No
10. Are there any asphalt plants, cranes, conveyors or rock drills on the schedule of equipment? ❑ Yes ❑ No
11. Are there any scheduled vehicles licensed for over-the-road use? ❑ Yes ❑ No
12. Is any equipment mounted on barges or used on or adjacent to water in any way? ❑ Yes ❑ No
13. Any work performed at nuclear facilities, chemical or petroleum plants? ❑ Yes ❑ No
14. Does the insured lease, loan or rent equipment to others? ❑ Yes ❑ No
15. 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 _____
    Equipped with a Lo-Jack system? ❑ Yes ❑ No

Fraud Statement: Any person who knowingly and with 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 not to exceed five thousand dollars and the stated value of the claim for such violation.

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:

Agent's Signature _____ Date _____

Insured's Signature _____ Date _____