

PROPOSAL FORM FOR
CONTRACTORS EQUIPMENT POLICY WITH LLOYD'S UNDERWRITERS

QUESTIONS TO BE ANSWERED BY APPLICANT

1. **Name of Applicant:** _____

2. **Business Address:** _____

3. **How long in business?** _____

4. **In what territories is the equipment to be used?** _____

5. **Purpose(s) for which equipment is used:** _____

6. (a) **Location to which equipment is returned when not in use:**

- (b) **Is equipment housed?** _____
If so, estimate maximum value at any one time: \$ _____

- (c) **Is equipment in open?** _____
If so, estimate maximum value at any one time: \$ _____

- (d) **If equipment is in open, is area fully enclosed by fence?** _____

7. (a) **Does Applicant do any road building or other work in mountainous areas?** _____

- (b) **Does Applicant do any dynamiting or work at job sites where others might do dynamiting work?** _____

- (c) **Will the equipment be used over water, such as bridge building or on barges, bulkhead or jetty work?** _____

8. Has the Applicant sustained any losses during the past five years which would have been covered under this form of insurance if the Applicant had carried such a policy? _____

9. If so, state when such losses occurred: _____

10. Was insurance carried? _____

11. If so, state Agency insuring same: _____

12. State fully circumstances and amount of loss or losses: _____

13. Has Lloyd's or any Company ever cancelled insurance for Applicant? Has such insurance ever been refused? _____

14. If so, give full particulars: _____

15. Who has previously insured the Applicants equipment? _____

16. SCHEDULE

<u>ITEM</u>	<u>COST</u>	<u>DATE OF</u>	<u>PURCHASE</u>	<u>ACTUAL CASH</u>
	<u>NEW</u>	<u>PURCHASE</u>	<u>PRICE</u>	<u>VALUE</u>

17. (a) Will any equipment be hired out? _____

(b) If so, is the equipment driven solely by employees of the Assured?

18. How often is the equipment serviced, and by whom? _____

19. Is there any other material fact, within your knowledge, regarding this proposal of insurance, which should be submitted to the Insurers for consideration?

20. Coverage required: **All Risks/Named Perils**
(delete where not applicable)
Flood or landslip exposure? **Labour trouble?**
Loss Payable: _____

Date: _____ Signature of Applicant _____

QUESTIONS TO BE ANSWERED BY BROKER

1. What is the construction of the Applicants premises and what is the Fire Contents Rate?

2. Do you know the Applicant personally? _____
If so, for how long? _____
3. Do you receive the order direct from the Applicant? _____
4. Do you handle other Insurance for Applicant? _____
5. Do you recommend Applicant? _____

SIGNATURE OF BROKER

NAME AND ADDRESS
