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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? _____

Current premium: _____ Target premium: _____

16. SCHEDULE

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