



**CONTRACTORS EQUIPMENT  
PROPOSAL FORM**

International Brokerage and Surplus Lines, Inc.

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1. Name of Applicant:

2. Business Address (please schedule all other addresses to be insured hereunder).

Home Phone: \_\_\_\_\_

Day  Eve

Mobile Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Day  Eve

Extension: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Pager: \_\_\_\_\_

3. How long in business:

4. In what territories will the equipment be used:

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

6. a) Location of equipment when it is not in use:

b) Is equipment housed, if so, what is the maximum value of any one item:

c) Is equipment in the open, if so, what is the maximum value of any one item:

d) If equipment is in the open, is the area fully fenced:

7. a) Does the applicant do any road construction or other work in mountainous areas:

b) Does the applicant do any dynamiting or work at job sites where other 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 company insuring same:

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

13. Has Lloyd's or any other insurer ever cancelled insurance for applicant, or has any such insurance ever been refused:

14. If so, give full particulars:

15. Who was the previous insurer of the applicant for the past three years:



16. Schedule of Equipment (if additional space is needed please attach a separate sheet)

Item No.	Year	Make and Model of Item	Date of Purchase	Purchase Price of Item	Actual Cash or Market Value
1					
2					
3					
4					
5					

17. a) Will any equipment be hired out:

b) If so, is the equipment driven solely by employees of the applicant:

18. How often is 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: (circle where applicable)

a) All Risks Form or Named Perils Form

b) Flood or Landslip Exposure

c) Labor Trouble

d) Loss Payable to:

THIS APPLICATION SHALL NOT BE BINDING UPON THE UNDERWRITERS UNLESS AND UNTIL A CONTRACT OF INSURANCE SHALL BE ISSUED AND DELIVERED IN ACCORDANCE HERewith AND THEN ONLY AS OF THE COMMENCEMENT DATE OF SAID INSURANCE AND IN ACCORDANCE WITH ALL TERMS THEREOF AND THE SAID APPLICANT HEREBY COVENANTS AND AGREES TO AND WITH THE UNDERWRITERS THAT THE FOREGOING STATEMENTS AND ANSWERS ARE A JUST, FULL AND TRUE EXPOSITION OF ALL FACTS AND CIRCUMSTANCES WITH REGARD TO THE RISK TO BE INSURED, INSOFAR AS SAME ARE KNOWN TO THE APPLICANT, AND THE SAME ARE HEREBY MADE THE BASIS AND CONDITION ON THE INSURANCE.

SIGNED AT: \_\_\_\_\_,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_,

BY APPLICANT: \_\_\_\_\_,  
(APPLICANT SHOULD STATE OFFICIAL TITLE)

FLORIDA FRAUD STATEMENT

“Any person who knowingly and with intent to injure, defraud, deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.”



Questions to be answered by by Applicant's Agent or Broker

1. Do you know the Applicant personally? If so, for how long?
2. Do you receive the order direct from the Applicant?
3. Do you handle other insurance for Applicant?
4. Do you recommend Applicant?
5. What is the construction of the applicant's premises and what is the fire contents rate?

AND SIGNED BY APPLICANT'S AGENT OR BROKER:

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_. BY

AGENT: \_\_\_\_\_.

LOCATION OF AGENCY: \_\_\_\_\_

FORM IMAPP (Ed. 11/94)