



Max Specialty

# CONTRACTORS EQUIPMENT APPLICATION

AGENCY INFORMATION
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1. APPLICANT INFORMATION

EFFECTIVE DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

TERM: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_

NEW VENTURE:  YES  NO

INDIVIDUAL     CORPORATION     PARTNERSHIP     OTHER (EXPLAIN) \_\_\_\_\_

2. EQUIPMENT SCHEDULE

ITEM #	DESCRIPTION	MFGR	MODEL	SERIAL NUMBER	YEAR BUILT	COST NEW	CURRENT VALUE	LIMIT REQUESTED	R= REPLACEMENT COST/ A= ACV

3. LIST ANY LOSS PAYEES, LESSORS, OTHER INSURED:

ITEM #	NAME, ADDRESS	RELATIONSHIP

4. DESCRIBE TYPE OF JOBS EQUIPMENT IS USUALLY USED ON: \_\_\_\_\_

\_\_\_\_\_

5. DESCRIBE EQUIPMENT SECURITY AT JOB SITE OR STORAGE LOCATION (E.G. IN BUILDING, YARD, FENCE, ETC.) \_\_\_\_\_

\_\_\_\_\_

6. ESTIMATE MAXIMUM VALUE ANY ONE TIME AT ONE LOCATION \_\_\_\_\_

7. DESCRIBE PREVENTATIVE MAINTENANCE PROGRAM \_\_\_\_\_

8. THREE YEAR LOSS EXPERIENCE

DATE	LOSSES (DESCRIPTION AND AMOUNTS PAID AND INCURRED)

9. APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

10. PRODUCER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_