

# 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? YES/NO  
If so, estimate maximum value any one time: \$ \_\_\_\_\_  
c] Is equipment in open? YES/NO  
If so, estimate maximum value any one time: \$ \_\_\_\_\_  
d] If equipment is in open, is area fully enclosed by fence? YES/NO
  
- 7] a] Does applicant do any road building or other work in mountainous areas?  
YES/NO  
b] Does applicant do any dynamiting or work at job sites where others might do  
dynamiting work? YES/NO  
c] Will the equipment be used over water, such as bridge building or on barges,  
bulkhead or jetty work? YES/NO
  
- 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? YES/NO

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? YES/NO

Has such insurance ever been refused? YES/NO

14] If so, give full particulars: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15] Who has previously insured the applicant's equipment? \_\_\_\_\_

16] SCHEDULE

<u>Year</u>	<u>Trade Name</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Actual Cash Value</u>
-------------	-------------------	------------------	-------------------	--------------------------

17] a] Will any equipment be hired out? YES/NO

b] If so, is the equipment driven solely by employees of the Assured? YES/NO

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: 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 Assured's premises and what is the Fire Contents Rate?

---

---

2] Do you know the Applicant personally? YES/NO

If so, for how long? \_\_\_\_\_

3] Did you receive the order direct from the Applicant? YES/NO

4] Do you handle other insurance for Applicant? YES/NO

5] Do you recommend Applicant? YES/NO

SIGNATURE OF BROKER: \_\_\_\_\_ NAME: \_\_\_\_\_

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