



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

Scottsdale Indemnity Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Insurance Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

CONTRACTORS EQUIPMENT APPLICATION

- 1. Name of Applicant: _____
- 2. Mailing Address: _____
Location Address: _____
Website Address: _____
- 3. Proposed Policy Term: From: _____ To: _____
- 4. Annual Income—Last Year: \$ _____ Estimated Current Year: \$ _____
- 5. Applicant's Business: _____ Number of Years in Business: _____
- 6. Contact Name for Inspection: _____ Telephone Number: _____
E-mail Address: _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A).

General Information

- 7. Have you declared bankruptcy or been in receivership within the past five years? Yes No
- 8. Describe the location and types of projects including the terrain and conditions where the equipment is usually operated: _____

- 9. Provide detail of operations if equipment is used underground, underwater or on watercraft: _____

- 10. Are any preventive maintenance procedures provided for the Contractor's equipment? Yes No
If yes:
 - a. How often is equipment serviced? _____
 - b. Who services the equipment? _____
- 11. Is contractor's equipment equipped with tracking devices, such as GPS or etc.? Yes No
If yes, provide type of equipment: _____
- 12. Are bulldozers, loaders, backhoes equipped with:
 - Locking gas caps? Yes No
 - Anti theft devices? Yes No
 - Any Other? Yes NoIf yes, explain: _____
- 13. Are fire extinguishers present on every piece of equipment? Yes No

14. Will equipment be used:
- a. In water on barges? Yes No
- b. Near water (bridge/dam/levee work)? Yes No
15. Is a guard or watchperson service employed where the equipment is operated or stored? Yes No
16. Are all employees (including temporaries) trained to handle the equipment they will operate? Yes No
17. At the job and storage sites:
- a. Is there security lighting? Yes No
- b. Are the sites fenced? Yes No
- c. Are there any hazardous or flammable materials stored in close proximity to the equipment? Yes No
- d. Are any of the permanent storage areas subject to flooding? Yes No
18. Is any of the equipment stored indoors? Yes No
- If yes:
- a. Is the storage site equipped with a recognized approved central station fire alarm system and fire extinguishers? Yes No
- b. Is the storage site or any portion of the site equipped with a sprinkler system? Yes No
- c. Are no-smoking rules posted and enforced? Yes No
- d. Are recognized approved central station burglar alarms installed and maintained? Yes No
19. At the site where the equipment is stored:
- a. What is the Public Protection Class (PPC) rating? _____
- b. Are there any private protection improvements? Yes No
- c. What is the distance in feet to the nearest fire hydrant? _____ feet
- d. What is the distance in miles to the nearest responding fire department? _____ miles
20. Is the equipment safety-inspected at regular intervals? Yes No
21. Are the transporting vehicle and tie down equipment checked out before use? Yes No

Coverages Requested

22. If this is a reporting form policy, check the box indicating the values reported include the values of leased or rented equipment. Yes No

23. Schedule of Equipment:

a. **Excluding Cranes**

Item No.	Model Year	Type Unit, Manufacturer, Model, Capacity	Serial No.	Date Purchased	New/ Used	Purchase Price	Amount of Insurance
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$

b. **Cranes**

Item No.	Model Year	Rig Type—MFG—Model—Capacity/Carriage—Wheel or Track Boom (Conventional—Hydraulic—Hydro) Boom & JIB—Length	Serial No.	Date Purchased	New (N)/Used (U)		Purchase Price	Amount of Insurance
					Base Unit		\$	\$
					Boom			
					JIB Access			
					TOTAL			
					Base Unit		\$	\$
					Boom			
					JIB Access			
					TOTAL			
					Base Unit		\$	\$
					Boom			
					JIB Access			
					TOTAL			

Blanket Equipment Limit: \$ _____
 All Covered Property in Any One Occurrence Limit: \$ _____
 Deductible: \$ _____

c. List any loss payees needed on above equipment:

No:	Loss Payees

24. Does applicant own any equipment on which insurance is not currently being sought?..... Yes No
 If yes, explain why insurance is not being purchased: _____

25. **Optional Coverages (check boxes that apply):**

Equipment Leased/Rented or Borrowed from Others (for less than twelve [12] months)

Limit: Any 1 crane	\$	Any other items	\$	Aggregate	\$
Deductible:	\$	<input type="checkbox"/> Reporting		<input type="checkbox"/> Non-Reporting	
Cost of Leasing:	\$	Average Time Period Rental:		Number of Times Rented Per Year:	
Type of equipment leased:					
Total values of equipment borrowed (on average at any one time):					\$
Type of equipment borrowed:					

Optional Coverages	Limits of Insurance		Deductibles
Tools and Clothing Belonging to Your Employees	\$	Per Employee	\$
	\$	Per Any One Loss	\$
Miscellaneous Items Blanket Coverage	\$	Per Item	\$
	\$	Per Any One Loss	\$
Rental Reimbursement	\$	Per Day	
	\$	Per Any One Loss	

26 **Prior Carrier and Loss Experience Summary (must be completed)**

Provide prior insurance carriers during the last three years: _____

Provide information regarding the date, cause and amount of all losses during the last three years whether covered or not covered by insurance: _____

Loss Date	Equipment Damaged and Cause of Loss	Amount Paid/Pending
		\$
		\$
		\$

27. **Additional Information**

Provide list of any additional information attached with the application: _____

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant or authorized representative of the applicant, acknowledge all of the above statements are true and accurate representations.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____