

Contractors Floater Application

About This Program

This application is used to insure contractors equipment.

Required Documents

The following documents are required to apply for coverage:

- This application
- Schedule of Owned Equipment
- Fraud Statement

Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

Underwriting Qualification Questions

Is the insured primarily in the business of renting equipment to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any equipment principally used underground?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any crane equipment or logging equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any prior insurance coverage? If yes, provide details below	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any losses in the past 3 years? If yes, provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

Contractors Floater Application

Risk Details

Years of Industry Experience	
------------------------------	--

Coverages

Dates of Coverage

Effective: / / (12 month coverage term)

Coverage	Limit	Deductible
----------	-------	------------

Inland Marine (* Indicates required coverages if Inland Marine is purchased)

Scheduled Owned Equipment		
Unscheduled Owned Equipment		
Rented Equipment		
Office Contents		
Extra Expense	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	

Applicant Signature:

Date:

To be completed by your Insurance Broker:

Insurance Company(s) Applied to:

Insurance Agency/Agent:

License Number:

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

