

Insurance Online, TEXAS

James Stafford Insurance Agency
1562 NW Access Rd.
Mount Vernon, TX 75457

Contractors Equipment Application

Phone: (903) 537-2819

Toll-Free: 1-888-869-4904

Fax: 1-888-475-4437

Requested Effective Date: _____

| | |
|--------------------------|---------------------|
| Applicant's Name: | For Office Use Only |
| Doing Business As (DBA): | SBM: _____ |
| Address: | SBM: _____ |
| City: State: Zip: | SBM: _____ |
| Phone: Fax: | SBM: _____ |

PLEASE ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

1. How long in business? _____
2. In what territories is the equipment to be used? _____
3. Purpose(s) for which equipment is used: _____
 - a. Location to which equipment is returned when not in use _____
 - b. Is equipment housed? _____
 - c. Is equipment in open? _____ If so, estimate maximum value any one time \$ _____
 - d. If equipment is in open, is area fully enclosed by fence? _____
If so, estimate maximum value any one time \$ _____
4. Does applicant do any road building or other work in mountainous areas? _____
5. Does the applicant do any dynamiting or work at job sites where other might do dynamiting work? _____
6. Will the equipment be used over water, such as bridge building or on barges, bulkhead or jetty work? _____
7. 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? _____
8. If so, state when such losses occurred. _____
9. Was insurance carried? _____
10. If so, state agency insuring same. _____
11. State fully circumstances and amount of loss or losses? _____
12. Has any Company ever cancelled insurance for applicant? _____ Has such insurance ever been refused? _____
13. Is so, provide full details- _____
14. Who has previously insured the applicant's equipment? _____

SCHEDULE of Equipment (15.)

| Item # | Year – Model – Type of Equipment | Serial # | Actual Cash Value |
|--------|----------------------------------|----------|-------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |

16. Use of equipment
 - a. Will any equipment be hired out? _____
 - b. If so, is the equipment driven solely by employees of the Assured? _____
17. How often is equipment serviced and by whom? _____
18. Is there any other material fact, within your knowledge, regarding this proposal of insurance, which should be submitted to the insurers for consideration? _____
19. Coverage required: All Risks/Named Perils
 - a. Flood or landslip exposure? _____
 - b. Labor Trouble? _____
20. Loss Payable Clause

Signature of Applicant: _____ Date: _____

QUESTIONS TO BE ANSWERED BY BROKER/AGENT

1. What is the construction of the Assured's premises and what is the Fire Contents Rate?

2. Do you know the applicant personally: _____ If so, how long? _____
3. Do you receive the order direct from the Applicant? _____
4. Do you handle other Insurance for Applicant? _____
5. Do you recommend Applicant? _____

Signature of Broker: _____ Date: _____

James Stafford Insurance Agency (State License # 799214) (TX Spec Agency #2200)
 3621B Broadway Blvd.
 Garland, TX 75043

This application does not bind YOU nor 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.