

PROPOSAL FORM FOR CONTRACTORS EQUIPMENT POLICY WITH LLOYD'S UNDERWRITERS

QUESTIONS TO BE ANSWERED BY APPLICANT

1. Name of Applicant:

2. Business Address:

3. Number of Years in Business:

4. In what territories is the equipment to be used?

5. Purpose(s) for which the equipment is used?

6. a) Location to which equipment is returned when not in use?

b) Is equipment housed?

c) Is equipment in open?

d) If equipment is in the open, is the area fully enclosed by a fence?

7. a) Does applicant do any road building or other work in mountainous areas?

b) Does applicant do any dynamiting or work at job sites where others might do dynamite work?

c) Will the equipment be used over water, such as bridge building or on barges, bulkheads or jettys?

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?

11. If so, State agency insuring same?

12. State fully the circumstances and amount of loss(es):

13. Has Lloyd's or any company ever cancelled insurance for applicant?

14. Has such insurance ever been refused?

15. If so give full particulars:

16. Who insured the applicant's equipment previously?

17. Schedule:

ITEM	COST NEW	PURCHASE DATE	PURCHASE PRICE	CASH VALUE

18. a) Will any equipment be hired out?

b) If so, is the equipment driven solely by employees of the Assured?

19. How often is equipment serviced and by whom?

20. Is there any other material fact, within your knowledge, regarding this proposal of insurance, which should be submitted to the Insurers for consideration?

21. Coverage required:

	ALL RISKS/NAMED PERILS (DELETE WHERE NOT APPLICABLE)
Flood or landslip exposure?	
Labour Trouble?	
Loss Payable:	

.....
Signature of Applicant

.....
Date

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 and if so, for how long?

3. Do you receive the order direct from the Applicant?

4. Do you handle other insurance for the Applicant?

5. Do you recommend the Applicant?

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Signature of Applicant

.....
Date

Phone:

Fax: