



Granite Insurance Services, Inc.

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CONTRACTOR'S EQUIPMENT APPLICATION

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Inspection Contact: _____

_____ Phone Number for Inspection contact: _____

Proposed Policy Period: _____ to: _____

Check Cause of Loss Form: Basic Form Special Form

SCHEDULE OF PROPERTY TO BE INSURED						
MACHINE DESCRIPTION *	YEAR BUILT	MANUFACTURER	IDENTIFYING MARKS SERIAL # OR VIN #	PURCHASE PRICE & DATE OF PURCHASE	NEW (N) USED (U)	AMOUNT OF INSURANCE

* A photo of each item listed above is required.

Does anyone other than Applicant have an interest in property? Yes No

If yes, describe: _____

Does Applicant operate equipment? Yes No

If no, who does? _____

Is equipment loaned or rented to others? Yes No

If yes, is a receipt obtained, imposing full responsibility for safe return of such equipment? Yes No

Check each item applicable for equipment usage:

- Air Fields
- Bridge Construction
- Building Foundation
- Building Erection
- Levee Building
- Logging & Lumbering
- Mining
- Oil Fields
- Pipe Line Construction
- Road Building

Who is responsible for maintenance? _____

Is equipment cleaned at the end of each working day? Yes No

If not, how frequently is it cleaned? _____

Is equipment left at job site overnight? Yes No

State location of equipment when not in use: _____

What security measures are taken to prevent theft when equipment is not in use? _____

How is equipment transported? _____

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST THREE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

During the past three years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant? Yes No If yes, please explain: _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Witness

Date

Applicant's Signature

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.