



BOLTON & COMPANY

STARKS BUILDING • LOUISVILLE, KENTUCKY 40202
PHONE 502-583-8361
WATS 800-826-5209 KY WATS 800-292-6597



APPLICATION CONTRACTORS EQUIPMENT

1. Name of applicant _____
2. Business address _____
3. Does anyone other than applicant have interest in property? Yes No If so, define fully and give name and address of party. _____

4. Does applicant operate equipment? If not, who does? _____

5. Is equipment loaned or rented to others? Yes No If so, is a receipt obtained imposing full responsibility for safe return of such equipment? Yes No
6. How long in this type of business? _____
7. Has 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?
(a.) If so, state when occurred } _____
(b.) Was insurance carried? Yes No By Whom? _____
(c.) State fully circumstances and amount of loss. _____

8. Has G.S.W. or any company ever cancelled or refused insurance for applicant? Yes No If so, give full particulars _____

9. (a.) State use of equipment: (Check one)

<input type="checkbox"/> Road Building <input type="checkbox"/> Pipe Line Construction <input type="checkbox"/> Levee Building <input type="checkbox"/> Building Foundation <input type="checkbox"/> Oil Fields <input type="checkbox"/> Other (Explain) _____	<input type="checkbox"/> Air Fields <input type="checkbox"/> Mining <input type="checkbox"/> Building Erection <input type="checkbox"/> Bridge Construction <input type="checkbox"/> Logging or Lumbering
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- (b.) Will work be done adjacent to water, ie., at tide water, or rivers, or lakes, etc.? Yes No
- (c.) Will any work be done afloat? Yes No
- (d.) Will work necessitate shifting equipment from shore to barge, or barge to shore? Yes No
- (e.) Will work be done in mountainous areas? Yes No
10. Territorial limits in which equipment is used _____

11. Location of equipment when not in use _____

 - (a.) Is equipment housed? Yes No If so, estimate maximum value any one time _____
 - (b.) Is equipment in open? Yes No If so, estimate maximum value any one time _____
 - (c.) If in open, is area fully enclosed by fence? Yes No
12. (a.) Does equipment have an Underwriters Laboratories Approved All-Purpose Fire Extinguisher with a rating of at least 10 10 BC maintained in good working condition at all times? Yes No
- (b.) If so, will this be warranted? _____
13. (a.) Is equipment cleaned at the end of each working day? Yes No
- (b.) If not, how frequently? _____
- (c.) Who is responsible for maintenance? _____
14. Term of insurance: _____ from _____ to _____
15. What perils to be insured? All risk? _____ Named perils (specify)

16.

SCHEDULE OF PROPERTY TO BE INSURED						
MACHINE DESCRIPTION INCL. BOOM INFORMATION	YEAR BUILT	MANUFACTURER	IDENTIFYING MARKS AND NUMBERS	PURCHASE PRICE AND DATE OF PURCHASE	NEW OR USED	AMOUNT OF INSURANCE
BLANKET COVERAGE – MISCELLANEOUS EQUIPMENT				AMOUNT		AMOUNT OF INSURANCE
Hand tools, instruments and implements					SCHEDULED PROPERTY	
Wagons, wheelbarrows and carts (not propelled by motor power)					MISCELLANEOUS EQUIPMENT	
Blocks, tackles, cables, chains					TOTALS	
Portable tool shed or similar houses, scaffolding, ladders, fences						

Signing this Application does not bind the Applicant to complete or renew the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a Policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire Policy shall be void.

In consideration of the risk involved, I/we agree to pay the premium as stated herein, which may be in excess of the published and filed rates for this class of risk.

Signature of Agent

Signature of Applicant

Address

Date