



MARKEL SOUTHWEST UNDERWRITERS, INC.

CONTRACTOR'S EQUIPMENT FLOATER APPLICATION (COMMERCIAL INLAND MARINE)

1. Name of Applicant _____
Address _____
2. Loss Payee _____
Address _____
3. Type of work Paving Road construction Site preparation Sewer construction Mining
 Other (explain) _____
4. How long in business under this name? _____ years _____
Construction experience _____ years _____
5. Any waterborne exposures? yes no Any underground exposures yes no. If any, explain fully

6. Principal area of operations _____
7. How is equipment transported? Own vehicles Common carrier Specialized carrier
8. Location and construction of storage building(s), if any _____

80% coinsurance fire contents rate(s) \$ _____ Maximum values inside building \$ _____ Proportion of time stored _____ % Describe any repair operations _____
9. Is equipment normally rented, loaned, or leased **to** others? yes no. If yes, attach copy of lease or rental agreement(s). Indicate on schedule which items are leased.
10. Is equipment normally rented, loaned, or leased **from** others? yes no Is insurance desired? yes no. Is insurance desired? yes no. What is value of largest item leased \$ _____ Total expenditures past 12 months \$ _____ Total expenditures anticipated next 12 months \$ _____.
11. Has nay company cancelled, denied or declined to renew this insurance for the Applicant? yes no. If yes, what company and why? _____
12. Present carrier _____ Rate \$ _____ Deductible \$ _____ Expiring Premium \$ _____
Conditions? _____
13. Name of bonding company _____
14. Premiums and losses for past 5 years (Show date, amount and cause of each loss whether paid or denied)

15. Coverage desired All Risk Named Peril Including theft ACV Replacement Cost
16. Deductible desired \$ _____ Coinsurance _____ % _____ Inception Date _____
17. Schedule of equipment. Show whether on ACV or Replacement Cost basis. **Do not show book value or IRS depreciated values.**

Item No.	Year	Manufacturer	Description of Property	Model No. and Serial No.	Amount of Insurance

18. Schedule of booms, including jibs, exceeding 100 feet.

Item No.	Manufacturer	Number of Feet	Amount of Insurance

19. Are portable tools to be covered on a blanket basis? yes no
20. If yes, amount desired? \$ _____ Maximum value per tool \$ _____
21. Does the Applicant own any other similar property not being covered by this insurance? yes no. If yes, describe property and list reasons.

(Insurance is not in effect unless written policy or binder is issued.)

Producer _____ Location _____ Agency Code No. _____ Date _____

 APPLICANT'S SIGNATURE