



# Contractors Equipment

Please attach to Basic App or ACORD 125.

## COVERAGE SELECTIONS

- **Form**  Scheduled Form\*  Schedule on file with Company\*  Automatic Acquisition\*\*  
 (select one) \* 80% coinsurance. \*\* Automatic Acquisition has a 90% coinsurance clause. Requires additional schedule at policy expiration or anniversary with premium adjustment based on average of both schedules.

- **Schedule Attached**

- **Deductible**  % of amount of insurance on item lost or damaged **OR** \$

- **Catastrophe Limit** \$

- **Valuation:**  ACV (Actual Cash Value)  RC (Replacement Cost)  
 SA (Stated Amount)  
 PL (Partial Loss - No deduction for depreciation on specified equipment less than 10 years old when loss is 20% or less of the amount of insurance.)  
 Using several valuation options, as identified per item on the schedule.

## OPTIONAL COVERAGES

**Equipment Leased/Rented from Others** (for less than 12 months)  
 - Limit: Per Item: \$  Aggregate: \$   
 - Deductible: \$   Reporting **OR**  Non-Reporting  
 - Cost of Leasing: \$  (in last 12 months)  
 - Type of equipment leased:

**Borrowed Equipment**  
 - Limit: Per Item: \$  Aggregate: \$   
 - Deductible: \$   Reporting **OR**  Non-Reporting

**Employee Tools**  
 - Limit: All Emp.s' Tools: \$  Any 1 Emp.'s Tools: \$   
 - Deductible: \$

**Waterborne Coverage**  
 - Apply to:  All items  Items noted on schedule  Items leased/rented from others.  
 - Limit: Per Item: \$  Per Loss: \$

**Underground Coverage**  
 - Apply to:  All items  Items noted on schedule  Items leased/rented from others.  
 - Limit: Per Item: \$  Per Loss: \$   
 - Deductible: \$

**Lift Exceeding Capacity**  
 - Apply to:  All items  Items noted on schedule  Items leased/rented from others.

	Limits		Waiting Period (minimum 3 days)
	Monthly	Total	
<input type="checkbox"/> <b>Extra Expense</b>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/> <b>Loss of Business Income</b>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Apply to:  All items  Items noted on schedule

**Rental Expense**  
 - Limit: Per Day: \$  Per Year: \$   
 - Waiting Period (min. 72 hr):  hours

**Maximum Values:** At Yard/ Storage Site: \$  At Any One Jobsite: \$

F.30K (6/97) 1 of 2 (+ Schedule)

**BUSINESS PRACTICES**

<ul style="list-style-type: none"> <li>- Any <u>crane</u> operators with less than 500 hours of experience? _____</li> <li>- Is any <u>blasting</u> performed? _____</li> <li>- Equipment <u>inspected and serviced</u> regularly? _____</li> <li>- Is equipment left at jobsite <u>overnight</u>? _____</li> <li>- Are <u>drug and alcohol tests</u> conducted:                         <ul style="list-style-type: none"> <li>- Before hiring an employee? _____</li> <li>- Randomly on all current employees? _____</li> </ul> </li> <li>- Job <u>training</u> required and provided? _____</li> </ul>	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	* Please clarify this response on a separate sheet.
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How is equipment transported?

Who is responsible while equipment is in transit?

Equipment is typically stored at:

If stored in building, describe construction & security:

Describe Security at Yard:

Describe Security at Jobsite(s):

**SCHEDULE**

Item #	Year	Manufacturer/ Model #	Description, Serial No., & accessories to insure	Limit of Insurance	Valuation*	WC, UG, Lift**
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
- Blanket on miscellaneous tools and equipment excluding any single item valued at more than \$ _____.				\$		

- How were these values determined? (Accurate, current values are needed to avoid coinsurance penalties.)

\* **Indicate valuation only if more than one valuation applies.** See page 1 of the app for definitions and abbreviations of valuation options. *Note:* Not all valuation options are available for all pieces of equipment.

\*\* Identify any items with Waterborne Coverage (WC), Underground Coverage (UG), of Lift Exceeding Capacity Coverage (Lift).

F.30K (6/97) 2 of 2 (+ additional schedule if necessary)