

# Contractors Equipment Application

Email completed application to [submit@midman.com](mailto:submit@midman.com).

Requested Effective Date: \_\_\_\_\_

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

COMPANY DETAILS							
Name of Applicant:							
Contact Name:							
Mailing Address:							
City:		State:		Zip:			
Physical Address:							
City:		State:		Zip:			
Telephone #:		Fax #:					
Years in Business:		Policy Term:		to			
Insured is:	Individual	Partnership	Corporation	Joint Venture			
Years of Construction Experience:							
Description of Operations:							
Territory of Operations:							

COVERAGE					
Coverage/Deductible	/				
Equipment Storage – Maximum Value			Unscheduled Equipment		
In Building	Outside	Type of Security	Description	Maximum per Item	Max per Occurrence

RISKS			
Any waterborne exposure?	Yes	No	
And underground exposures?	Yes	No	
If yes, please explain:			Limit Desired: _____
Is Equipment rented, loaned <b>to</b> others? <i>If yes attach copy of lease/rental agreements(s)</i>	Yes	No	
If yes, with operators:	Yes	No	Limit Desired: _____

A Safety National® Company

Is Equipment rented, loaned <b>from</b> others to you?	Yes	No
Total rental expenditures in the past 12 months:		
Total expenditures in the next 12 months:		Limit Desired: <input type="text"/>

OTHER OPTIONAL COVERAGE			
Rental Reimbursement needed?	Yes	No	If yes, limit per day? <input type="text"/>
Per Occurrence? <input type="text"/>	Additionally Acquired Property: up to \$25,000 for 30 days?		Yes No

OPERATION INFORMATION AND INSURANCE HISTORY							
Is Applicant operating equipment not listed here?	Yes		No				
How is equipment transported? Own vehicles or common carrier?	<input type="text"/>						
Location and construction of storage building(s), if any?	<input type="text"/>						
Proportion of time stored?	<input type="text"/>						
Describe any repair operations:	<input type="text"/>						
Has any company cancelled, denied or declined to renew coverage?	Yes		No				
If yes, please explain:	<input type="text"/>						
Present Carrier:	<input type="text"/>	Expiring Premium:	<input type="text"/>	Rate:	<input type="text"/>	Deductible:	<input type="text"/>
Losses past 3 years:	Date of Loss:		Details:				
<input type="text"/>	<input type="text"/>		<input type="text"/>				
<input type="text"/>	<input type="text"/>		<input type="text"/>				
<input type="text"/>	<input type="text"/>		<input type="text"/>				
Are Portable Tools to be covered on a blanked basis?	Yes		No				
If yes, limit per occurrence: <input type="text"/>	Maximum limit per Tool (up to \$1,000 Max per tool): <input type="text"/>						

DECLARATION			
<i>This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.</i>			
<i>The proposer agrees that the statements contained in this application are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.</i>			
Signature of Applicant:	<input type="text"/>	Date of Signature:	<input type="text"/>
Signature of Agent:	<input type="text"/>	Date of Signature:	<input type="text"/>

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