

Eligibility

	Yes	No
Is the applicant's current contractor's equipment carrier Great American Insurance?	☐	☐
Years in Business: _____		
If a new venture, how many years of prior business ownership experience? _____		
Has the applicant's contractor's equipment coverage been cancelled or non-renewed within the past 3 years?	☐	☐
Has the applicant filed for bankruptcy within the past 3 years?	☐	☐

Account Details

Producer Code _____		
Insured Name _____	DBA _____	
Mailing Address _____		
City _____	State/Province _____	Zip Code _____
Effective Date _____	Expiration Date _____	
Type of Operation: _____		

Loss Experience (past 3 years)

	Yes	No		
Total number of equipment losses in the past 3 years (<i>paid and unpaid</i>): _____				
Hard Copy loss runs attached?	☐	☐		
Total paid Contractor's Equipment Losses in the past 3 years: \$ _____				
Policy Period	Amount Paid	# Claims	Cause(s) of Loss	Open Claim?
	\$			☐
	\$			☐
	\$			☐
	\$			☐
	\$			☐

Operator Training and Experience

☐ Over 50% of operators with less than 10 years of experience and no records of training or certification.
☐ Under 50% of operators with less than 10 years of experience and incomplete records of training or certification.
☐ Over 50% of operators with 10 years of experience and complete records of training or certification.

Equipment Details

	Yes	No
Is any of the insured equipment located or operated underground?	☐	☐
Is the insured involved in cryptocurrency mining (<i>such as Bitcoin</i>)?	☐	☐
Are any scheduled, leased, rented, or borrowed items of equipment considered cranes, asphalt plants, or drill rigs?	☐	☐
Is any insured equipment used in logging operations?	☐	☐
Is any one item considered an unmanned aircraft (<i>drone</i>)?	☐	☐
Does the insured need waterborne coverage on any item?	☐	☐

Additional Coverages Continued

Protection and Preservation of Property ☐ \$75,000 ☐ \$100,000 ☐ Other \$ _____	☐ \$50,000
Consequential Loss to Undamaged Attachments (<i>any one direct physical loss but not more than 25% of the amount paid for your direct physical loss</i>) ☐ \$15,000 ☐ \$25,000 ☐ Other \$ _____	☐ \$10,000
Spare Parts and Supplies ☐ \$15,000 ☐ \$20,000 ☐ 25,000 ☐ Other \$ _____	☐ \$10,000
Crime Reward ☐ \$10,000 ☐ \$15,000 ☐ 25,000 ☐ Other \$ _____	☐ \$5,000
Expediting Expense ☐ \$50,000 ☐ \$75,000 ☐ Other \$ _____	☐ \$25,000
Fire Department Service Charge ☐ \$30,000 ☐ \$40,000 ☐ \$50,000 ☐ Other \$ _____	☐ \$25,000
Loss Data Preparation Expense ☐ \$25,000 ☐ Other \$ _____	☐ \$10,000
Pollutant Clean Up and Removal ☐ \$50,000 ☐ Other \$ _____	☐ \$25,000
Warranty or Service Contract ☐ \$15,000 ☐ \$25,000 ☐ Other \$ _____	☐ \$10,000
Recharge of Fire Extinguishing Equipment ☐ Other \$ _____	☐ \$50,000
Newly Acquired or Upgraded Contractor's Equipment ☐ Other \$ _____	☐ \$250,000
Leased, Rented, or Loaned to Others (<i>any one item / all such items</i>) ☐ Other \$ _____ / _____	☐ \$50,000 / \$100,000
Inflation Protection ☐ Other _____ %	☐ 3%
Debris Removal (<i>the lesser of 25% of the applicable Limit of Insurance for direct physical "loss" to Covered Property plus the applicable deductible amount, or the amount shown</i>) ☐ Other \$ _____	☐ \$75,000

Optional Forms

☐ Additional Exclusions Endorsement ☐ Multiple Crane Lifts ☐ Existing Fire ☐ Collision or Collapse of the Boom or Jibs ☐ Theft
☐ Protective Safeguard Requirement Endorsement ☐ Outrigger Requirement ☐ Fire Extinguishing Equipment Requirement ☐ Suppression System Requirement ☐ Video Monitoring Location: _____
☐ Theft Prevention : Self Propelled or Wheeled Contractor's Equipment
☐ Theft Prevention : Unscheduled Owned Tools and Equipment
☐ Property Not Covered Endorsement ☐ Cranes ☐ Underground Property ☐ Drill Bits and Drill Pipe ☐ Underground Property Limitation \$ _____ any one item \$ _____ all such equipment

Insured Information

Loss Prevention Contact Name: _____ Phone Number: _____

Binder

Billing Type:

- | | |
|--|---|
| ☐ Direct Bill | ☐ Agency Bill |
| ☐ Prepaid (100% down) | ☐ Monthly (25% down, 9 installments) |
| ☐ Monthly (8% down, 9 installments) | ☐ Quarterly (35% down, 3 installments) |
| ☐ Semi-Annual (50% down, 1 installment) | |

Fraud Warnings

Applicable in AL, AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

Applicable in CO, ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy-holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

Fraud Warnings Continued

Applicable in PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in other states: Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Signature of Applicant _____

Signature of Insurance Broker/Agent _____

Print Name _____

Print Name _____

Title _____

Title _____

Date _____

Date _____

State Producer License Number _____

National Producer Number _____