

# Contractors Equipment Application

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Insurance Broker \_\_\_\_\_

## Equipment to be Insured

Type of equipment \_\_\_\_\_  
Make \_\_\_\_\_  
Type \_\_\_\_\_  
VIN # \_\_\_\_\_  
License Plate # \_\_\_\_\_  
Year Built \_\_\_\_\_  
Engine # \_\_\_\_\_  
Horsepower \_\_\_\_\_  
Is it a self propelled vehicle or machine?  yes  no  
Horsepower \_\_\_\_\_  
Maximum speed \_\_\_\_\_ Km. per hour  
Maximum lift capacity \_\_\_\_\_ Ton  
Load capacity \_\_\_\_\_  
Is it protected by an anti theft system?  yes  no  
If yes, please explain \_\_\_\_\_  
Date of purchase? \_\_\_\_\_  
When was the last overhaul or service? \_\_\_\_\_  
What is the equipment's condition? \_\_\_\_\_  
What is the equipment's new value? \_\_\_\_\_  
What was the purchase price? \_\_\_\_\_  
Is the equipment financed? \_\_\_\_\_  
If yes, by which bank or lender? \_\_\_\_\_  
What is the period of the loan? \_\_\_\_\_  
Where is the equipment located for inspection? \_\_\_\_\_

## Use of Equipment

Where will the equipment be used?  own property  on location

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What will the equipment be used for?

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Will the equipment be rented out?  yes  no

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Who will handle the equipment?  own personnel  renters, third parties

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If the equipment is self propelled:

Name of the regular driver

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Date of birth of the regular driver

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How's the regular driver's health condition?

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Does he have a physical impairment?  yes  no

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If yes, please explain

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## Type of Insurance

Please select the type of coverage desired

**Third Party Liability**

Work related liability  Public road liability

**Material Damage (All Risk / Casco)**

Standard Coverage

Has another insurer ever denied you or cancelled your insurance?  yes  no

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If yes, which insurer, and why?

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When will the current insurance policy expire?

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Why are you switching from insurer?

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Desired inception date?

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## Loss History – Last five (5) years

Date of Loss	Nature of Claim
_____	_____
_____	_____
_____	_____
_____	_____

## Applicant Statement

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to Massy United Insurance Ltd.

Name \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

Position \_\_\_\_\_ Signature \_\_\_\_\_