



CONTRACTORS EQUIPMENT APPLICATION

1. First Named Insured _____
The first Named Insured is responsible for premium payment, cancellation, and changes - refer to policy wording.

2. Other Insured(s) _____

3. Mailing Address _____
Street City County State ZIP Code

4. Effective Date Desired _____ Term Desired _____

5. **PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
 No Yes - If so, give name of company, date, and reason.

6. Years in Business _____ Years of Experience _____

7. Loss Payable _____
Street City County State ZIP Code

COVERAGE

8. Named Causes of Loss Named Causes of Loss Including Theft All Risk
 Other _____

9. Deductible: \$250 \$500 \$1,000 Other _____

SCHEDULE OF EQUIPMENT

10.

Unit No.	Year of Unit	Unit Description	Manufacturer	Model	Serial No.	Value or Limit of Liability
1						
2						
3						
4						
5						

TERMINAL INFORMATION

11.

	Address (Street, City, State, Zip)	Construction	Fire Cnts. Rate	Maximum Value
1				
2				
3				
4				
5				

UNDERWRITING INFORMATION

- 12. Type of Contracting (i.e., excavation, mining, logging) _____
- 13. If equipment is not inside, is lot fenced? Yes No Lighted? Yes No
- 14. Is lot attended at all times? Yes No Other protections _____
- 15. Percentage of time equipment is on job site _____%; at terminal _____ %
- 16. Is fire extinguishing equipment maintained on each piece of equipment? Yes No
- 17. Describe theft safeguards at job sites (eg. alarms, I.D. numbers used, special locks) _____

- 18. Have any payments been delinquent in the last 6 months on equipment to be insured hereunder? Yes No
If yes, explain: _____

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Agent

Address

Date

Insured's Signature

Additional Signature if applicable

Date

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Northfield compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northfield Insurance Company, c/o Law Department, 385 Washington St., St. Paul, MN 55102.