



# Contractors Equipment

Please attach to Basic App or ACORD 125.

## COVERAGE SELECTIONS

- **Form** (select one)  Scheduled Form\*  Schedule on file with Company\*  Automatic Acquisition\*\*  
 \* 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(s) lost or damaged **OR** \$

- **Catastrophe Limit** \$

- **Valuation:**  ACV (Actual Cash Value)  RC (Replacement Cost - all items less than 10-years old)  
 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.)

## OPTIONAL COVERAGES

**Equipment Leased/Rented or Borrowed from Others** (for less than 12 months)  
 - Limit: Any 1 Crane \$  Any other item \$  Aggregate \$   
 - Deductible: \$   Reporting **OR**  Non-Reporting  
 - Cost of Leasing: \$  (in last 12 months) Average time period rental   
 - Type of equipment leased:   
 - Total values of equipment borrowed (on average at any one time): \$   
 - Type of equipment borrowed:

**Leased or Rented Equipment - Continuing Expense Coverage**  
 - Limit: Per Month \$  Per Year \$

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

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

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

**Lift Exceeding Capacity Coverage**  
 - 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 of Substitute Equipment Coverage**  
 - Limit: Per Day: \$  Per Year: \$   
 - Waiting Period (min. 3 working days):  days

**Watercraft under 26'** Describe:

**Contractors Plus Endorsement** (low limits coverage for borrowed equipment, equipment leased/rented to others, continuing rental expense, rental expense of substitute equipment, removal expense, etc...)

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

**BUSINESS PRACTICES**

- |   |                            |                            |   |
|---|----------------------------|----------------------------|---|
|   | Yes                        | No                         |   |
| - Any cranes owned or leased? (If yes, complete supplemental application) _____ | <input type="checkbox"/> * | <input type="checkbox"/>   |   |
| - Any crane operators with less than 500 hours of experience? _____             | <input type="checkbox"/> * | <input type="checkbox"/>   |   |
| - Is any <u>blasting</u> performed? _____                                       | <input type="checkbox"/> * | <input type="checkbox"/>   |   |
| - Equipment <u>inspected and serviced</u> regularly? _____                      | <input type="checkbox"/>   | <input type="checkbox"/> * | * Please clarify this response on a separate sheet. |
| - Is equipment left at jobsite <u>overnight</u> ? _____                         | <input type="checkbox"/> * | <input type="checkbox"/>   |   |
| - Are <u>drug and alcohol tests</u> conducted:                                  |                            |                            |   |
| - Before hiring an employee? _____  | <input type="checkbox"/>   | <input type="checkbox"/> * |   |
| - Randomly on all current employees? _____                                      | <input type="checkbox"/>   | <input type="checkbox"/> * |   |
| - Job <u>training</u> required and provided? _____                              | <input type="checkbox"/>   | <input type="checkbox"/> * |   |

How is equipment transported?

Who is responsible for loss or damage to equipment 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 \$ <input style="width: 50px;" type="text"/>				\$ <input style="width: 50px;" type="text"/>		

- 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.30L (10/05) 2 of 2 (+ additional schedule if necessary)  
 Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.