



Dallas
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 F: (972) 789-1967

Houston
 P: (281) 759-4855
 F: (281) 759-7245

hullandco-texas.com

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Applicants' Name: _____
2. Applicants' Address: _____
3. Applicants' Operations: _____ 3a. Email Address: _____
4. Applicants' Years in Business: _____ 4a. Applicants' Years of Experience: _____
5. Has Applicant or Owner filed for bankruptcy in the past three years? Yes No

6. Schedule of Property

Description of equipment:

Item	Description	Manufacturer	Model Year	Serial Number	Limit of Insurance
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$

* Attach another page if necessary

Miscellaneous Tools & Equipment \$ _____
 All Covered Property \$ _____

7. Deductible

\$1,000 \$2,500 Other \$ _____

8. Valuation

Actual Cash Value Replacement Cost - for equipment 5 model years old or newer
 (80% Coinsurance) (90% Coinsurance)

Underwriting and Rating Information

9. How many contractors' equipment losses has the insured incurred in the past three years? _____
 Total incurred amount? _____ Details: _____
10. Does the insured perform any mining, logging, rigging or underground operation? Yes No
11. Are there any asphalt plants, cranes, conveyors or rock drills on the schedule of equipment? Yes No
12. Are there any scheduled vehicles licensed for over-the-road use? Yes No
13. Is any equipment mounted on barges or used on or adjacent to water in any way? Yes No
14. Any work performed at nuclear facilities, chemical or petroleum plants? Yes No
15. Does the insured lease, loan or rent equipment to others? Yes No
16. Is all Contractors' Equipment on this schedule stored in a well-lit, fenced area or in a locked building when not in use? Yes No
 If no, where is the Equipment stored? At Jobsite Brought Back to Shop Other _____
 Equipped with a Lo-Jack system? Yes No

Fraud Statement: 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 such violation.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED?S) AUTHORIZED AGENT OR BROKER.
 NAME OF AUTHORIZED AGENT OR BROKER _____
 ADDRESS _____
 MAIL COMPLETED
 APPLICATION THROUGH
 LOCAL AGENT OR BROKER TO:

Agent's Signature _____ Date _____
 Insured's Signature _____ Date _____