



Dallas
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hullandco-texas.com

Agent Name:

Contact:

Agent Address:

Phone #

Contractor's Equipment Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

SCHEDULE OF PROPERTY TO BE INSURED						
MACHINE DESCRIPTION *	YEAR BUILT	MANUFACTURER	IDENTIFYING MARKS SERIAL # OR VIN #	PURCHASE PRICE & DATE OF PURCHASE	NEW / USED	AMOUNT OF INSURANCE
				&		
				&		
				&		
				&		
				&		
				&		
				&		

* **Attach** a photo of each item listed above.

1. Check Cause of Loss Form you are requesting ☐ Basic Form ☐ Special Form

2. Does anyone other than Applicant have an interest in property? ☐ Yes ☐ No

If yes, describe: _____

3. Does Applicant operate equipment? ☐ Yes ☐ No

If no, who does? _____

4. Is equipment loaned or rented to others? ☐ Yes ☐ No

If yes, is a receipt obtained, imposing full responsibility for safe return of such equipment? ☐ Yes ☐ No

UNDERWRITING INFORMATION (Continued)

5. Check each item where equipment is used.

<input type="checkbox"/> Air Fields	<input type="checkbox"/> Levee Building	<input type="checkbox"/> Oil Fields
<input type="checkbox"/> Bridge Construction	<input type="checkbox"/> Logging & Lumbering	<input type="checkbox"/> Pipe Line Construction
<input type="checkbox"/> Building Foundation	<input type="checkbox"/> Mining	<input type="checkbox"/> Road Building
<input type="checkbox"/> Building Erection	<input type="checkbox"/> Other	

6. Who is responsible for maintenance? _____

7. Is equipment cleaned at the end of each working day? ☐ Yes ☐ No

If not, how frequently is it cleaned? _____

8. Is equipment left at job site overnight? ☐ Yes ☐ No

9. State location of equipment when not in use: _____

10. What security measures are taken to prevent theft when equipment is not in use? _____

11. How is equipment transported? _____

PRIOR CARRIER HISTORY & LOSS INFORMATION**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
_____	_____	_____ _____	_____	_____
_____	_____	_____ _____	_____	_____
_____	_____	_____ _____	_____	_____
_____	_____	_____ _____	_____	_____
_____	_____	_____ _____	_____	_____

Has the applicant been cancelled or non-renewed in the last three years?..... ☐ Yes ☐ No

If yes, Explain. _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature

Date

Applicant's Signature

Date

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

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