



# New England Excess Exchange Ltd.

P.O. Box 219 • Montpelier, VT 05601

Phone: 802-229-5066/800-548-4301 • Fax: 802-229-4935/800-347-4935

## “CONTRACTORS’ CHOICE” EQUIPMENT PRODUCT WARRANTY APPLICATION

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

1. Applicants’ Name: \_\_\_\_\_

2. Applicants’ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

3. Applicants’ Operations:  Grading/Paving/Excavating  Landscaping  Sand and Gravel Hauler

Plumbing  Roofing  Irrigator

Tree Trimmer  Farming  General Contracting

Other (describe): \_\_\_\_\_

4. Applicants’ Years in Business: \_\_\_\_\_ Applicants’ Years of Experience: \_\_\_\_\_

5. Has Applicant or majority partner filed for bankruptcy in the past three years?  Yes  No

6. Has this coverage been cancelled or nonrenewed, including for non payment, in the past 3 years?  Yes  No

7. **Schedule of Property** - Description of owned and leased 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 \$ \_\_\_\_\_

8. Does insured desire coverage for equipment borrowed and rented from others for an additional charge?  No  \$25,000 per piece  \$50,000 per piece

a. Estimated annual rental expense: (Do not include expense for scheduled equipment) \$ \_\_\_\_\_

### 9. Deductible

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

### 10. Valuation

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

## UNDERWRITING AND RATING INFORMATION

11. How many contractors’ equipment losses has the insured incurred in the past three years? \_\_\_\_\_

Total incurred amount? \_\_\_\_\_ Details: \_\_\_\_\_

12. Does the insured perform any mining, logging, rigging, salvage or scrap, or underground operation?  Yes  No

13. Are there any asphalt plants, cranes, conveyors or rock drills on the schedule of equipment?  Yes  No

14. Are there any scheduled vehicles licensed for over-the-road use?  Yes  No

15. Is any equipment mounted on barges or used on or adjacent to water in any way?  Yes  No

16. Any work performed at nuclear facilities, chemical or petroleum plants?  Yes  No

17. Does the insured lease, loan or rent equipment to others?  Yes  No

18. 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 \_\_\_\_\_

19. Is all equipment equipped with a Lo-Jack system?  Yes  No
20. Prior Carrier \_\_\_\_\_ Policy Term \_\_\_\_\_ to \_\_\_\_\_ Premium \$ \_\_\_\_\_
21. Loss payee \_\_\_\_\_

**Fraud Statement:** Any person who knowingly and with the 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.

**Warranties:** I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent.

**Authorization:** I/we authorize the Company to provide the National Equipment Register (NER) with the information provided in response to Questions 1, 2 and 7 of this application for purposes of registering insured equipment in the NER theft detection and tracking program.

Signature of Applicant\* \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Must be Owner, Officer or Partner) (Required) (Required)

*\*SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED.*

**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: