Commonwealth Underwriters Ltd.
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PROPOSAL FORM FOR CONTRACTORS EQUIPMENT POLICY WITH LLOYD'S UNDERWRITERS

QUESTIONS TO BE ANSWERED BY APPLICANT

1. **Name of Applicant:** _____

2. **Business Address:** _____

   _____

3. **How long in business?** _____

4. **In what territories is the equipment to be used?** _____

   _____

5. **Purpose(s) for which equipment is used:** _____

   _____

6. (a) **Location to which equipment is returned when not in use:**

   _____

   (b) **Is equipment housed?** _____

   If so, estimate maximum value at any one time: $_____

   (c) **Is equipment in open?** _____

   If so, estimate maximum value at any one time: $_____

   (d) **If equipment is in open, is area fully enclosed by fence?** _____

7. (a) **Does Applicant do any road building or other work in mountainous areas?** _____

   (b) **Does Applicant do any dynamiting or work at job sites where others might do dynamiting work?** _____

   (c) **Will the equipment be used over water, such as bridge building or on barges, bulkhead or jetty work?** _____

8. **Has the Applicant sustained any losses during the past five years which would have been covered under this form of insurance if the Applicant had carried such a policy?** _____

_____

9. **If so, state when such losses occurred:** _____

_____

10. **Was insurance carried?** _____

11. **If so, state Agency insuring same:** _____

12. **State fully circumstances and amount of loss or losses:** _____

_____

13. **Has Lloyd's or any Company ever cancelled insurance for Applicant? Has such insurance ever been refused?** _____

14. **If so, give full particulars:** _____

_____

15. **Who has previously insured the Applicants equipment?** _____

_____

16. **SCHEDULE**

ITEM	COST NEW	DATE OF PURCHASE	PURCHASE PRICE	ACTUAL CASH VALUE

17. **(a)** **Will any equipment be hired out?** _____

(b) **If so, is the equipment driven solely by employees of the Assured?**

_____

18. **How often is the equipment serviced, and by whom?** _____

_____

19. **Is there any other material fact, within your knowledge, regarding this proposal of insurance, which should be submitted to the Insurers for consideration?**

_____

20. **Coverage required:** **All Risks/Named Perils**
(delete where not applicable)

Flood or landslip exposure? **Labour trouble?**

Loss Payable: _____

Date: **Signature of Applicant**

_____ _____

QUESTIONS TO BE ANSWERED BY BROKER

1. **What is the construction of the Applicants premises and what is the Fire Contents Rate?**

_____

2. **Do you know the Applicant personally?** _____

If so, for how long? _____

3. **Do you receive the order direct from the Applicant?** _____

4. **Do you handle other Insurance for Applicant?** _____

5. **Do you recommend Applicant?** _____

SIGNATURE OF BROKER **NAME AND ADDRESS**

_____ _____

_____

_____