



**Commonwealth**  
**Underwriters** Ltd.

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**CONTRACTOR'S EQUIPMENT FLOATER APPLICATION**  
**(COMMERCIAL INLAND MARINE)**

1. **Name of Applicant:**  
**Address:**
2. **Loss Payee:**  
**Address:**
3. **Type of work:** ☐ Paving; ☐ Road Construction; ☐ Site Preparation; ☐ Sewer Construction; ☐ Mining; ☐ Other, please explain:
4. **How long in business under this name? Number of Years:**  
**Construction Experience? Number of Years:**
5. **Any waterborne exposures?:** ☐ Yes ☐ No  
**Any underground exposures?:** ☐ Yes ☐ No  
**If Yes, please explain:**
6. **Principal area of operations:**
7. **How is equipment transported?** ☐ Own Vehicles; ☐ Common Carrier; ☐ Specialized Carrier
8. **Location and construction of storage building(s), if any:**  
**80% coinsurance fire contents rate(s):** \$  
**Maximum values inside building?:** \$  
**Proportion of time stored?:** %  
**Describe any repair operations:**
9. **Is equipment normally rented, loaned or leased to others?:** ☐ Yes ☐ No  
**If yes, attach copy of lease or rental agreement(s). Indicate on schedule which items are leased.**
10. **Is equipment normally rented, loaned or leased from others?** ☐ Yes ☐ No  
**Is insurance desired?** ☐ Yes ☐ No  
**What is the value of the largest item leased?** \$  
**Total expenditures past 12 months?:** \$  
**Total expenditures anticipated next 12 months?:**
11. **Has any company cancelled, denied or declined to renew this insurance for the Applicant?**  
☐ Yes ☐ No **If Yes, which company and why?**
12. **Present Carrier:**  
**Rate:** \$  
**Deductible:** \$  
**Expiring Premium:** \$
13. **Name of bonding company:**

14. Premiums and losses for past 5 years (Show date, amount and cause of each loss whether paid or denied):

15. Coverage desired: ☐ All Risk; ☐ Named Peril; ☐ Including Theft; ☐ ACV; ☐ Replacement Cost

16. Deductible Desired: \$  
Coinsurance: %  
Inception Date:

17. Schedule of Equipment. Show whether on ☐ ACV or ☐ Replacement Cost basis. Do not show book value or IRS depreciated values.

Item No.	Year	Manufacturer	Description of Property	Model No. And Serial No.	Amount of Insurance

18. Schedule of booms, including jibs, exceeding 100 feet.

Item No.	Manufacturer	Number of Feet	Amount of Insurance

19. Are portable tools to be covered on a blanket basis? ☐ Yes ☐ No  
If Yes, amount desired?: \$ Maximum value per tool?: \$

20. Does the Applicant own any other similar property not being covered by this insurance?  
☐ Yes ☐ No If Yes, describe the property and list reasons:

(Insurance is not in effect unless written policy or binder is issued.)

Producer:

Location:

Agency Code No.:

Date:

\_\_\_\_\_  
Applicant's Signature