

### COVERAGE SELECTIONS

- **Form**       Scheduled Form\*       Schedule on file with Company\*       Automatic Acquisition\*\*  
 (select one)      \* 80% coinsurance. \*\* Automatic Acquisition has a 90% coinsurance clause. Requires additional schedule at policy expiration or anniversary with premium adjustment based on average of both schedules.
- **Schedule Attached**
- **Deductible**       % of amount of insurance on item lost or damaged      **OR**      \$
- **Catastrophe Limit**      \$
- **Valuation:**       ACV (Actual Cash Value)       RC (Replacement Cost)  
 SA (Stated Amount)  
 PL (Partial Loss - No deduction for depreciation on specified equipment less than 10 years old when loss is 20% or less of the amount of insurance.)  
 Using several valuation options, as identified per item on the schedule.

### OPTIONAL COVERAGES

- Equipment Leased/Rented from Others** (for less than 12 months)
  - Limit:      Per Item:      \$       Aggregate:      \$
  - Deductible:      \$        Reporting      OR       Non-Reporting
  - Cost of Leasing:      \$  (in last 12 months)
  - Type of equipment leased:

- Borrowed Equipment**
  - Limit:      Per Item:      \$       Aggregate:      \$
  - Deductible:      \$        Reporting      OR       Non-Reporting

- Employee Tools**
  - Limit:      All Emp.s' Tools:      \$       Any 1 Emp.'s Tools:      \$
  - Deductible:      \$

- Waterborne Coverage**
  - Apply to:       All items       Items noted on schedule       Items leased/rented from others.
  - Limit:      Per Item:      \$       Per Loss:      \$

- Underground Coverage**
  - Apply to:       All items       Items noted on schedule       Items leased/rented from others.
  - Limit:      Per Item:      \$       Per Loss:      \$
  - Deductible:      \$

- Lift Exceeding Capacity**
  - Apply to:       All items       Items noted on schedule       Items leased/rented from others.

- |   |                                    |  |                      |
|---|------------------------------------|--|----------------------|
|   | Limits                             |  | Waiting Period       |
|   | Monthly                            | Total  | (minimum 3 days)     |
| <input type="checkbox"/> <b>Extra Expense</b>           | \$ <input type="text"/>            | \$ <input type="text"/>                          | <input type="text"/> |
| <input type="checkbox"/> <b>Loss of Business Income</b> | \$ <input type="text"/>            | \$ <input type="text"/>                          | <input type="text"/> |
| Apply to:   | <input type="checkbox"/> All items | <input type="checkbox"/> Items noted on schedule |                      |

- Rental Expense**
  - Limit:      Per Day:      \$       Per Year:      \$
  - Waiting Period (min. 72 hr):       hours

<b>Maximum Values:</b>	At Yard/ Storage Site:      \$ <input style="width: 100%;" type="text"/>	At Any One Jobsite:      \$ <input style="width: 100%;" type="text"/>
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**BUSINESS PRACTICES**

	Yes	No	
- Any crane operators with less than 500 hours of experience? _____	<input type="checkbox"/> *	<input type="checkbox"/>	* Please clarify this response on a separate sheet.
- Is any blasting performed? _____	<input type="checkbox"/> *	<input type="checkbox"/>	
- Equipment inspected and serviced regularly? _____	<input type="checkbox"/>	<input type="checkbox"/> *	
- Is equipment left at jobsite overnight? _____	<input type="checkbox"/> *	<input type="checkbox"/>	
- Are drug and alcohol tests conducted:			
- Before hiring an employee? _____	<input type="checkbox"/>	<input type="checkbox"/> *	
- Randomly on all current employees? _____	<input type="checkbox"/>	<input type="checkbox"/> *	
- Job training required and provided? _____	<input type="checkbox"/>	<input type="checkbox"/> *	

How is equipment transported? \_\_\_\_\_

Who is responsible while equipment is in transit? \_\_\_\_\_

Equipment is typically stored at: \_\_\_\_\_

If stored in building, describe construction & security: \_\_\_\_\_

Describe Security at Yard: \_\_\_\_\_

Describe Security at Jobsite(s): \_\_\_\_\_

**SCHEDULE**

Item #	Year	Manufacturer/ Model #	Description, Serial No., & accessories to insure	Limit of Insurance	Valuation*	WC, UG, Lift**
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
- Blanket on miscellaneous tools and equipment excluding any single item valued at more than \$ _____				\$		

- How were these values determined? (Accurate, current values are needed to avoid coinsurance penalties.)

\_\_\_\_\_

\* Indicate valuation only if more than one valuation applies. See page 1 of the app for definitions and abbreviations of valuation options. Note: Not all valuation options are available for all pieces of equipment.

\*\* Identify any items with Waterborne Coverage (WC), Underground Coverage (UG), of Lift Exceeding Capacity Coverage (Lift).