

TENNESSEE UNDERWRITERS INC.
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CONTRACTORS EQUIPMENT APPLICATION INLAND MARINE

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? _____

UNDERWRITING INFORMATION (Continued)

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

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 |
|--------------|--------------|---------------------|-------------|---------|
| _____ | _____ | _____ _____ | _____ | _____ |
| _____ | _____ | _____ _____ | _____ | _____ |
| _____ | _____ | _____ _____ | _____ | _____ |
| _____ | _____ | _____ _____ | _____ | _____ |
| _____ | _____ | _____ _____ | _____ | _____ |

LOSS HISTORY (Continued)

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.