

FWR CONTRACTORS EQUIPMENT PROPOSAL FORM

Underwriters will rely upon each and every response given in this Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

1. Name of Assured:
2. Business Address:
3. Number of Years in Business:
4. Number of years experience of principals in this type of business:
5. Describe Operations:
6. In what territories will the equipment be used?
7. Is any waterborne exposure contemplated?
If so, give full details.
8. State:-
 - (a) how equipment is protected at job sites if left there when not operating;
 - (b) the location to which the equipment is returned when not in use;
 - (c) if equipment is kept in the open how is it protected at such locations.
9.
 - (a) Does the Assured do any road building or other work in mountainous areas?
 - (b) Does the Assured do any dynamiting or work at job sites where others might do dynamiting?
 - (c) Will the equipment be used over water, such as in bridge building, or on barges, in bulkhead or jetty work?
10. Who has previously insured the Assured's equipment?
11. Has the Assured sustained any losses, insured or uninsured, during the past five years which would have been covered under this form of insurance had the Assured carried such a policy?

12. If so, state fully the details of all such losses including circumstances, dates and amounts.

13. Was insurance carried?

If so, state carrier and agency.

14. Has Lloyd's or any other insurer ever cancelled or refused insurance coverage for the proposed Assured?

If so give full details including the carrier's name.

15. Equipment to be Insured.

<u>Model Year</u> & <u>Trade Name</u>	<u>Type of</u> <u>Unit</u>	<u>Model</u> <u>Number</u>	<u>Serial</u> <u>Number</u>	<u>Purchase</u> <u>Price</u>	<u>Actual</u> <u>Cash Value</u>
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16. Condition of equipment:

17. How often is equipment serviced and by whom?

18. Will the equipment be operated solely by permanent employees of the Assured?

If not give full details.

19. Is the equipment listed above:-

(a) all owned by the Assured?

(b) the only equipment owned and operated by the Assured?

If not give full details and explain why such equipment is not to be insured here.

(c) identify all non-owned equipment to be insured here stating the Assured's interest and explain why it is to be insured here.

20. Are there any other material facts regarding the risk to be insured or the Proposed Assured which should be disclosed to Underwriters for their consideration?

If so give a detailed explanation.

Note: A material fact is one likely to influence assessment and acceptance of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact is a material fact you should declare it. ALL information requested in this Proposal Form is material.

I/We hereby declare that the answers, declarations, statements and particulars given above are true and that I/We warrant that no material fact has been withheld or mis-stated and agree that should a policy be written then the Proposal Form will form the basis of the contract with Underwriters and be attached to and form a part of the policy issued. I / We further understand that the Underwriters may declare any policy written void in the event of any false statement, misrepresentation, omission, or concealment in the Proposal Form(s).

Date: Signature of Proposer:
Print Name:
Title and position:

QUESTIONS TO BE ANSWERED BY BROKER

- 1. Have you met the Proposer or the Proposed Assured?
- 2. Do you personally know the Proposer or the Proposer Assured?
If so, for how long?
- 3. Did you receive the risk direct from the Proposer?
- 4. Do you handle other Insurance for the Proposer or the Proposed Assured?
- 5. Do you recommend the Proposed Assured and this risk for insurance?
- 6. Is this risk a renewal to your Brokerage?
If so, for how long have you placed insurance on this risk?

Date Signature of Broker:
Print Name:
Name of Broker:
Address:.....
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