

Caterpillar Dealer: _____ Dealer Code: _____ Date: ____/____/____

SECTION 1 – INSURED’S INFORMATION

Named Insured: _____ DBA: _____

Contact: _____ Physical Address: _____ City: _____ State ____ Zip Code: _____

Mailing Address (If different from Physical Address): _____ City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____ E-mail: _____

SECTION 2 – INSURED’S OPERATIONS

1. Check the box that best describes your business operations:

- | | | | |
|---|--|---|--|
| Grading <input type="checkbox"/> | Site Work <input type="checkbox"/> | General Construction <input type="checkbox"/> | Street & Road <input type="checkbox"/> |
| Landscaping <input type="checkbox"/> | Tree/ Brush Removal <input type="checkbox"/> | Mulch Processing <input type="checkbox"/> | Logging <input type="checkbox"/> |
| Contract Farming <input type="checkbox"/> | Farming (1 location) <input type="checkbox"/> | 3 rd Party Equipment Rental <input type="checkbox"/> | Demolition <input type="checkbox"/> |
| Quarry <input type="checkbox"/> | Strip Mining <input type="checkbox"/> | Sewer or Underground Utilities <input type="checkbox"/> | |
| Dredging or other <input type="checkbox"/>
waterborne
operations
(All waterborne
operations are
excluded from
coverage) | Underground Mining <input type="checkbox"/>
or Tunneling
(Operations involving
underground mining or
tunneling are not eligible
for coverage) | Other (please describe): | |

2. Number of years in business: 1 - 2 3- 5 6+

If less than 3, number of years of experience using the equipment scheduled in Section 4: 1-2 3- 5 6+

3. Do you rent, lease or lend your equipment (w/o an operator) to others more than 10% of the time? Yes No

4. Are your machines equipped with operating anti-theft or recovery devices (i.e. Product Link, LoJack, fuel cutoffs, hydraulic bypasses, track locks or alarms) or are the machines stored in a locked and/or secured area when not in use? Yes No

5. Is your equipment outfitted with fire suppression devices?
 Extinguisher: Yes No Automatic Fire Suppression Device: Yes No

SECTION 3 - CLAIMS

Note: Your equipment claims history may be required from your current carrier before coverage will be bound.

1. Has your equipment sustained any damage, other than or normal wear and tear, during the last 5 years? Yes No
 If yes, please provide details below:

DATE OF LOSS	AMOUNT OF LOSS	EQUIPMENT INVOLVED	BRIEF DESCRIPTION OF LOSS

2. What are you doing differently to prevent future losses? _____

SECTION 4 - EQUIPMENT

Please list all the equipment to be covered:

YEAR	MAKE	MODEL	DESCRIPTION	SERIAL #	AMT INSURED *	NAME/ADDRESS of LENDER

*Amount insured is the GREATER of the current market price for each machine or the loan payoff value.

1. Indicate when equipment that is greater than 15 years old was rebuilt and the extent of rebuilding: (Check all that apply)
Power train Hydraulics Undercarriage Total restoration Low hours . Number of hours: _____
2. If any equipment is not used solely for construction operations, please give full details:

3. Are Customer Service Agreements in place with your dealer for maintenance of your equipment? Yes No
If not, who maintains your equipment? Employees Other
4. Have your equipment operators attended training classes for use of the equipment scheduled above? Yes No
5. Do you have full time safety director and/or site foreman: Yes No
6. Number of jobsites 1-2 3-5 6+ . Radius from business location 10-20 miles 20-50 miles 50+ miles

SECTION 5 – ADDITIONAL COVERAGE OPTIONS

Leased, Rented or Borrowed Equipment Endorsement: _____ Limit needed: \$ _____

- Number of machines rented per year 5 – 10 11 – 20 21 – 30 more than 30
- Description of equipment rented (check all that apply):
Small tools/generators Compact Construction Equipment (Skid Steers, Mini Hex) Backhoes Excavators
Track-Type Tractors Off-road Trucks Paving Equipment Other (Please list) _____
- Average Value: \$ _____
- Highest Value: \$ _____
- Cost of annual rentals: \$ _____

Miscellaneous Tools Endorsement: \$10,000 maximum limit/\$1,000 per Item/\$500 deductible
\$20,000 maximum limit/\$2,000 per Item/\$1,000 deductible

If other limits are needed, what maximum limit? \$ _____

Fraud Warning:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Please note: If you would like a no obligation quote on your additional equipment, call 1-800-248-4228 extension 5754.

Applicant signature X _____ Date _____

This application does not constitute a binder. Coverage will become effective when payment is received and accepted by the company.

Please return completed application and check payable to **Caterpillar Insurance Services Corporation**, PO Box 340001, Nashville, TN 37203-0001.

Questions? Call toll free within the U.S. at (800) 248-4228. For quicker service, fax completed application to (615) 341-8582.