

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

SECTION 1 – INSURED’S INFORMATION

Named Insured: _____ DBA: _____

Contact: _____

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

All states other than OH, VA, LA, NE, OK, OR or VT, 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 shall also be subject to a civil penalty. (In DC, TN, and ME insurance benefits may also be denied.)

In OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In VA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant and each other person signing below warrant that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to Caterpillar Insurance and/or any party which may provide insurance to applicant, whether herein or pursuant to a subsequent application or request, to obtain from banks, credit bureaus and other creditors, all of which are hereby authorized to release any credit/financial information concerning applicant or such other person (including personal credit bureaus) as such party may deem appropriate, and to share all such information with the other."

The statements made in this application are complete and true to the best of my knowledge and belief and are made as a consideration of the insurance being applied for.

A licensed agent may receive compensation from Caterpillar Insurance Company with placement of coverage.

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 (888) 249-6932.