



Caterpillar Insurance Services Corporation
Fleet Physical Damage Insurance Application

Producer

Date: / / Location:

Name: E-mail:

Phone # () - Fax # () -

CUSTOMER INFORMATION

Company Name: Contact Name

Address:

County/Parish:

Phone #: () - Fax #: () - Dealer Name:

Type of Operations: Number of years in business:

EQUIPMENT INFORMATION

Estimated total value of equipment* Current expiration?

*Please attached detailed Equipment Schedule including Year, Make, Models, Serial Number and Insured Values.

Current rate? Current deductible?

Schedule of equipment (Make, Model, and Value) - Please attach a separate sheet if needed.

Deductible needed? \$1,000/\$2,500/\$5,000/\$10,000 \$

Cranes: Yes No If yes, how many and estimated value? ; \$

Logging: Yes No If yes, what type?

Lease/Rent/Loan equipment to others without an operator: Yes No If yes, what % of the time?

Need Leased/Rented/Borrowed equipment coverage Yes No Max value per machine \$

Rent what machines? Annual expenditures \$

Number of rentals per year Average value \$

Need Small Tools coverage? Yes No If yes, what total value? \$

Any losses in past five (5) years: Yes No If yes, what type? PLEASE ATTACH FIVE YEARS CARRIER LOSS HISTORY ON INLAND MARINE ONLY

Approximate amount paid? \$

Any loss in excess of \$10,000? Yes No If yes, PLEASE ATTACH EXPLANATION.

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 Company, 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.



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1. Description of Operations:

2. Number of job sites at any one time and radius from business location:

3. General areas of operations, topography:
(A) Subject to earthquake? Yes _____ No _____
(B) Subject to flood Yes _____ No _____ If yes, Zone A? _____

4. If any equipment is not used solely in connection with construction operations, please give full details:

5. Is there any contemplated waterborne exposure? Yes _____ No _____
If yes, please give full details:

6. Is equipment operated in areas subject to Muskeg or Ice? Yes _____ No _____
If yes, please give full details:

7. Please advise:
 - (a) months or periods when equipment is not normally operating
 - (b) location to which equipment is returned when not in use
 - (c) Is equipment housed? If so, estimate maximum value at any one time \$
 - (d) Is equipment in open? If so, estimate maximum value at any one time \$
 - (e) If equipment is in open, is area fully enclosed by fence?

8. Additional information regarding losses, if any: What are you doing differently to prevent future losses?

9. Equipment:
 - (a) Describe condition of equipment
 - (b) Does equipment have fire operable suppression? Describe
 - (c) Describe maintenance program (include routine and long-term maintenance)

 - (d) Is there a safety director or training classes provided? If so, describe

 - (e) Operators: Describe hiring practices and average tenure of operators

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, ME and TN, 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.

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.

Applicant signature X _____ Date _____