



ALWAYS FAITHFUL INSURANCE AGENCY

Dr. George Rapciewicz Jr., Principal Broker

CA Broker License #4476212 | NPN #21686200 | Licensed P&C Broker in 21 States

Temecula, CA | 650-489-2592 | info@semperfiservicesolutions.com | semperfiservicesolutions.com

California Certified Disabled Veteran Business Enterprise & Small Business #2045250

CONTRACTOR'S TOOLS AND EQUIPMENT SCHEDULE

Please do not write Social Security numbers, driver's license numbers or bank account numbers on this form. If we need them to quote or bind, we will collect them by phone or through a secure link.

BUSINESS

Business Name: DBA:

Contact Name: Title:

Mailing Address:

City: State: ZIP: Phone:

Email: Website:

Entity: ☐ Individual / Sole Prop ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

Years in Business: CSLB / Professional License # (if any): Desired Effective Date:

SCHEDULED EQUIPMENT

List each item worth \$1,500 or more. Smaller hand tools can be covered as a lump sum below.

Equipment schedule (attach a separate sheet if needed)

#	Description (e.g. mini excavator)	Make	Model	Year	Serial / VIN	Replacement Value \$	Owned / Leased / Financed
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

UNSCHEDULED TOOLS AND RENTED EQUIPMENT

Total value of small tools under \$1,500 each \$: Largest single small tool \$:

Do you rent or lease equipment from others? ☐ Yes ☐ No

Typical monthly rental cost \$ and longest rental period:

Do you rent or lend your equipment to others? ☐ Yes ☐ No



SECURITY

How is equipment secured when not in use? (check all that apply)

- | | | |
|--|--|--|
| ☐ Locked building | ☐ Fenced and locked yard | ☐ Locked job box / vehicle |
| ☐ GPS tracking | ☐ Wheel / hitch locks | ☐ Alarm or cameras |
| ☐ Left on job sites | ☐ Taken home by employees | ☐ Other: <input type="text"/> |

Where is equipment kept overnight (address or job sites):

Equipment or tool losses, last 5 years

#	Date	What Happened	Amount Paid	Recovered? Y/N
1				
2				
3				

COVERAGE REQUESTED

Deductible ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000

- | | |
|---|--|
| ☐ Replacement cost (new) | ☐ Actual cash value |
| ☐ Rented / leased equipment coverage | ☐ Employee tools |

APPLICANT SIGNATURE

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The undersigned states that the information provided in this application is true and complete to the best of their knowledge, and authorizes Always Faithful Insurance Agency to submit it to insurance companies for the purpose of obtaining quotations. Submitting this form does not bind coverage; coverage begins only when confirmed in writing by the agency or the insurance company.

Printed Name: Title (if business):

Signature: Date:

Sign by typing your name in the signature box, signing with your PDF reader's Fill & Sign tool, or printing and signing by hand. Email the completed form to info@semperfiservicesolutions.com or call 650-489-2592.