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 | support@semperfiservicesolutions.com | semperfiservicesolutions.com
California Certified Disabled Veteran Business Enterprise & Small Business #2045250

CONTRACTOR'S TOOLS AND EQUIPMENT SCHEDULE

This form asks for confidential information. Send the completed form only to support@semperfiservicesolutions.com. We keep your information confidential and use it only to quote and place your insurance.

BUSINESS

Business Name: _____ DBA: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Email: _____ Website: _____

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

FEIN: _____ SSN (sole proprietors only): _____ State of Formation: _____

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:

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 support@semperfiservicesolutions.com or call 650-489-2592.