



Caterpillar Insurance Services Corporation
Physical Damage Insurance Application

Name: _____ DBA: _____

Address: _____

City / State / County or Parish / Postal Code: _____

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

Name of Caterpillar Dealer: _____ Effective date for proposed coverage: ___/___/___

Please answer these questions:

- 1. Is your business involved in logging or underground mining operations? Yes ___ No ___
- 2. Do you rent, lease or lend your equipment (without an operator) to others more than five percent of the time? Yes ___ No ___
- 3. Do you have less than three years of management or ownership experience in a business that utilizes the equipment scheduled below? Yes ___ No ___
A. Number of years? _____
- 4. Is any equipment listed below more than 15 years of age? Yes ___ No ___
If yes, is any of the equipment refurbished? Describe: _____
- 5. Have you had any physical damage losses on any equipment during the past five years*? Yes ___ No ___
If yes, please provide details below of all losses over the past five years:

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

*Loss runs may be requested before binding

Please list equipment to be covered or attach schedule

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

* Amount insured should equal the greater of current market price or loan payoff for each machine.

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**, 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.



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 or no)? _____

If yes, please give full details: _____

6. 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? _____
- (f) Fire suppression or anti-theft devices installed? Describe: _____

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

8. 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 _____

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 _____