

SAN ANTONIO
PH 210-690-0407
FX 210-690-8280



CONTRACTOR'S & OIL FIELD EQUIPMENT QUESTIONNAIRE

APPLICANT _____

ADDRESS _____ , YRS. IN BUSINESS _____

DESCRIBE OPERATIONS _____

AREA OF OPERATIONS: _____

COVERAGES REQUESTED: ALL RISK _____ , NAMED PERILS _____ , OTHER _____

EFFECTIVE DATES: FROM _____ TO _____ DEDUCTIBLE: \$ _____

CURRENT/PRIOR CARRIER: _____ , RATE/PREMIUM PAID: _____

SCHEDULE

ITEM	YEAR	DESCRIPTION, SERIAL NUMBER	AMOUNT OF INSURANCE
TOTAL			

WHERE GARAGED/STACKED: _____

SECURITY AT THIS LOCATION: _____

IF AT JOB SITE, WHAT SECURITY: _____

TRANSPORTED BY: APPLICANT'S TRUCK: _____ , OTHER'S: _____

THREE YR LOSSES: _____

REMARKS: _____

PRODUCER _____

DATE _____

LOCATION _____

PHONE _____