

CBIC - CONTRACTORS OPTIONAL COVERAGES

Contractors Bonding and Insurance Company

1. Agent/Broker Name:	2. Company Name:
-----------------------	------------------

STOP GAP COVERAGE: (COVERAGE AVAILABLE IN WASHINGTON AND WYOMING ONLY)

3. Stop Gap: coverage desired <input type="checkbox"/> Yes <input type="checkbox"/> No
--

HIRED AND NON OWNED AUTO LIABILITY COVERAGE: (COVERAGE NOT AVAILABLE IN CALIFORNIA)

4. Hired Auto Liability: coverage desired <input type="checkbox"/> Yes <input type="checkbox"/> No Non Owned Auto Liability: coverage desired <input type="checkbox"/> Yes <input type="checkbox"/> No
--

OPTIONAL COVERAGES DEDUCTIBLE

5. Select the deductible to be used for all of the following coverages: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
--

BUSINESS PERSONAL PROPERTY COVERAGE

6. Business Personal Property: coverage desired <input type="checkbox"/> Yes <input type="checkbox"/> No Total Limit: _____ (if over \$50,000 refer to CBIC) Please provide occupancy: <input type="checkbox"/> Shop/Storage <input type="checkbox"/> Office <input type="checkbox"/> Yard Contents
--

COMPUTER (ELECTRONIC DATA PROCESSING) EQUIPMENT COVERAGE

7. The limit of insurance for Electronic Data Processing Media and Records is 25% of the limit for Computer (Electronic Data Processing) Equipment - for limits exceeding the 25% of Computer (Electronic Data Processing) Equipment, refer to CBIC. Computer Equipment: coverage desired <input type="checkbox"/> Yes <input type="checkbox"/> No Total Limit: _____ (if over \$5,000 refer to CBIC)
--

CONTRACTORS INSTALLATION COVERAGE

8. Limit Available: \$5,000 each job site / \$15,000 all job sites (If higher limits desired, refer to CBIC) Contractors Installation: coverage desired <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information Describe job site security for installation material: Are any temporary structures (i.e., cribbing, scaffolding, construction forms) assembled or built on site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:
--

CONTRACTORS TOOLS AND EQUIPMENT COVERAGE

9. If total values exceed \$50,000 and/or any one piece of equipment exceeds \$2,500, equipment must be scheduled. Contractors Tools and Equipment: coverage desired <input type="checkbox"/> Yes <input type="checkbox"/> No Total Limit: _____ <input type="checkbox"/> Blanket (Unscheduled) Coverage <input type="checkbox"/> Scheduled Coverage If scheduled, provide the following for each item: Model Year, Description (Type, Manufacturer, Model, Capacity, etc.), ID No. / Serial No., Date Purchased and Value of item. Is Equipment used underground? <input type="checkbox"/> Yes <input type="checkbox"/> No Is any Equipment rented, loaned to or <input type="checkbox"/> Yes <input type="checkbox"/> No from others with or without operators? Is any work done afloat? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain all yes answers:

EMPLOYEE TOOLS COVERAGE

10. Tools subject to a maximum of \$500. per employee and \$100 limit for any one tool Employee Tools: coverage desired <input type="checkbox"/> Yes <input type="checkbox"/> No Total Limit: _____ (if over \$5,000 refer to CBIC)
--

NON-OWNED TOOLS AND EQUIPMENT COVERAGE

11. Non-Owned (leased or rented) Tools and Equipment: coverage desired <input type="checkbox"/> Yes <input type="checkbox"/> No Total Limit: _____
--

RENTAL COST REIMBURSEMENT COVERAGE

12. The limit of recovery under this extension is 80% of the rental fee for substitute equipment after a 72-hour waiting period from time of loss Rental Cost Reimbursement: coverage desired <input type="checkbox"/> Yes <input type="checkbox"/> No Total Limit: _____ (if over \$5,000 refer to CBIC)
--

BUILDING COVERAGE

13. 90% coinsurance applies - - This coverage does NOT apply to the personal dwelling. Building: coverage desired <input type="checkbox"/> Yes <input type="checkbox"/> No Occupancy: <input type="checkbox"/> Shop/Storage <input type="checkbox"/> Office Protection Class: Building Limit: Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Other (refer to CBIC) Address of Building: Number of Stories: Year Built: Total Square Footage: Other Occupancies:
