

**CONTRACTORS EQUIPMENT SCHEDULE** PAGE [ ] OF [ ]

<b>CONTRACTOR'S EQUIPMENT</b>	TOOLS AND EQUIPMENT USED OUTSIDE YOUR BUSINESS PREMISES WITH A VALUE <b>OVER \$500 EACH</b> . <b>NOTE: A SEPARATE TOOL SCHEDULE IS AVAILABLE FOR ITEMS WITH A VALUE OF \$500 OR LESS</b>
<b>VALUE *</b>	<b>REPLACEMENT COST (REP)</b> REPLACEMENT WITH NEW ITEMS FOR OLDER ONES. ONLY AVAILABLE FOR THE FIRST 36 MONTHS FROM THE PURCHASE DATE AND ONLY IF PURCHASED NEW, OTHERWISE CLAIMS ARE <b>ACTUAL CASH VALUE (ACV)</b> WHICH IS REPLACEMENT COST MINUS DEPRECIATION.
<b>CO-INSURANCE</b>	THIS A CLAUSE IN ALL BUSINESS INSURANCE POLICIES. BRIEFLY IT STATES THAT IF YOU DO NOT INSURE TO AT LEAST 80% OF THE VALUE OF EACH PIECE OF EQUIPMENT AND THE TOTAL OF ALL OF YOUR CONTRACTOR'S EQUIPMENT, THERE WILL BE A REDUCTION IN THE AMOUNT OF THE CLAIM PAID, NO MATTER HOW SMALL THE CLAIM. PLEASE PHONE IF YOU REQUIRE CLARIFICATION REGARDING THIS CLAUSE. <b>ADRIATIC RECOMMENDS INSURANCE TO 100% OF VALUE IN ALL CASES</b>
<b>SCHEDULE</b>	THIS FORM IS REQUIRED IF THE TOTAL OF ALL CONTRACTOR'S EQUIPMENT IS OVER \$3,000.

**CERTIFICATE # HRAC**

#	YEAR / MAKE / MODEL	DESCRIPTION	SERIAL #	ORIGINALLY PURCHASED		AGE OF ITEM MONTHS	COVERAGE		
				NEW OR USED	COST \$		TYPE *		AMOUNT \$
							ACV	REP	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

PLEASE NOTIFY ADRIATIC IF YOUR EQUIPMENT CHANGES DURING THE YEAR IN ORDER THAT YOUR COVERAGE REMAINS CURRENT.

SIGNATURE <b>X</b>	FIRM NAME	DATE
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