



AIG Asia Pacific Insurance Pte. Ltd.  
78 Shenton Way #09-16  
Singapore 079120  
Tel : (65) 6419-1623 / 1984 / 1011  
Fax : (65) 62255787  
Co.Reg No. 201009404M

**PROPOSAL FORM**

**TYPE** : CONTRACTOR'S EQUIPMENT POLICY

**ASSURED** : \_\_\_\_\_

**ADDRESS** : \_\_\_\_\_

**PERIOD OF INSURANCE:** \_\_\_\_\_

**TERRITORY OF OPERATION** : \_\_\_\_\_

**TYPE OF OPERATION** : \_\_\_\_\_

**COVERAGE** : As per AIG Contractor's Equipment Policy

**TOTAL INSURED VALUE:** \_\_\_\_\_

**BASIS OF VALUATION** : \_\_\_\_\_

**EQUIPMENT STORAGE :**  
(Double Click the Table to Edit)

LOC #	MO. IN STORAGE	MAX. VALUE		TYPE OF SECURITY
		IN BUILDING	OUTSIDE	
		\$	\$	
		\$	\$	
		\$	\$	

**UNSCHEDULED EQUIPMENT:**  
(Double Click the Table to Edit)

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% CO-INSURANCE



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**ADDITIONAL INTEREST/  
 CERTIFICATE RECIPIENTS:**  
*(Double Click the Table to Edit)*

Reference No:	Certificate Required	Interest In Item Number			Interest (Pls Check)	
		Location	Building	Scheduled Item Number	Loss Payee	LienHolder

**GENERAL INFORMATION:**  
*(Double Click the Table to Edit)*

Explain All "YES" Responses	Y/N
1. Equipment Rented, Loaned To/From others with/without Operators?	
2. Is Applicant Operating Equipment not listed here?	
3. Property Used underground?	
4. Any work done afloat?	
5. Do you have Risk Management Plan?	



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**SCHEDULE OF EQUIPMENT:**  
*(Double Click the Table to Edit)*

NO.	TYPE	MANUFACTURER	YEAR	DESCRIPTION	MODEL	ID#/ SERIAL NO.	NEW/ USED	CAPACITY	DATE PURCHASED	AMOUNT OF INSURANCE

**OTHER DETAILS:**  
*(Double click the Table to Edit)*

Please select the applicable answer on the space provided:

**Equipment:**

1. Equipment Condition \_\_\_\_\_

- A. Fair with no Service Record
- B. Good with incomplete service records
- C. Excellent with service records

2. Equipment Protection \_\_\_\_\_

- A. No GPS, equipment stored outdoors an open lot, fenced only, unknown fire protection and not alarm systems.