Plains Insurance

Providing our clients with knowledgeable, personalized and professional service.

CONTRACTORS EQUIPMENT SCHEDULE

Named Insured: _____

Address: _____

Policy Period: _____

Insurance Company: _____

Make/Model	Serial Number	Value	Deductible	Add/Delete Date

TOTAL _____

The above-noted values have been provided and confirmed by the Insured or the Insured's representative as ***Plains Insurance (1984) Ltd***. and its employees are not qualified to set such valuations. As well, the Insured or the Insured's representative has also been made aware of the co-insurance clause and the resulting penalty involved in the event they secure insufficient limits of insurance.