

MACHINERY OR EQUIPMENT – INSTALLATION, SERVICING OR REPAIR APPLICATION SUPPLEMENT

(To be used with Acord Application)

1.	Proposed First Named Insured & Other Named Insured(s):									
2.	Mailing Address	Address Street		City		County	State	ZIP Code		
3.	Location Address	Street		City		County	State	ZIP Code		
4.	Website Address:									
5.	Contact for Inspection/Audit: Name:									
	Phone No.:									
PRE\	PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary See Loss Runs Attached									
Missouri Applicants: DO NOT answer this question. Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years? No Yes - If Yes, give name of company, date, and reason:										
Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:										
			_			Losses/				
Year	Carrier	Policy Nun	nber	Premium	Coverage	\$ Amount	Description	on of Loss		
If any losses in excess of \$10,000, explain:										
BUSI	NESS INFORMATION									
6.	Years in Business:				Years Experi	ence:				
7. <u> </u>	Are you licensed?									
8.		ercent of work for the following: Service: % Repair: %				%				
=	Describe operations:									
_		ommercial: % Residential: %		Priva	Private Dwellings: %					
9.	Any 24 Hour Emergency Service?									
10. _	O. List all equipment installed, serviced, repaired or erected:									
11.	Provide details of shop operations:									
12.	Provide details of operations off premises:									
13.	Do you install, service or repair work for the Petroleum or Chemical industry? Yes No If yes, describe:									
14.	Annual Sales/Receipts: \$									
15.	Do you perform any welding?									
16.	Do you distribute any foreign manufactured parts?									
If yes, provide a list of products:										

17	Do you repair or oor	ruino invenivo modical producto o a v roy MPL CAT Soon Pl	and	Yes	No	
17.	Analysis?	vice invasive medical products, e.g. x-ray, MRI, CAT, Scan, Bl	000			
18.	Do you perform wor					
	a. Underground m					
	b. Installation or work on playground equipment, waterslides, etc.					
	c. Oil and gas equipment, well and drilling equipment, or over-the-hole work					
	d. Installation or service of logging equipment					
	e. Trash compactors and balers					
	f. Petroleum refineries					
	g. Chemical facilities					
	h. Grain elevators					
	i. Rigging – not sh					
	j. Hydraulic lifts us					
	k. Agriculture or fa					
	I. Grinders, wood		Ц	Ц		
		equipment installation or repair				
19.	• • •	installation and repair work for the past 3 years:				
-	Year	Payroll				
		\$				
		\$				
		\$				
20.	Do you sell any use					
-		entage of your operation: %				
	List used equipmen	t sold:				
21.	Provide 3 largest jol	os performed in the past 12 months:				
	Description Cost		Cost			
			\$			
-			\$			
•			\$			
22.	Describe current wo	ork:				
23.	Are subcontractors	utilized? Yes No			_	
-	If yes, provide types	of work subcontracted:				
24.	Subcontracted costs	s: \$				
_	Verify all subcontr	actors carry equal limits and name applicant as Additional	Insured.			
25.	Do you utilize stand	ard contracts when hiring subcontractors utilizing an Indemnity	Clause?] Yes [□No	
FRAU	JD STATEMENTS					
		o knowingly and with intent to injure, defraud, or deceive any ing any false, incomplete, or misleading information is guilty of a				
LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.						
Refer to the Core Application for all Fraud Statements.						

IMPORTANT NOTICE DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES						
Applicant Signature	Title	Date				
Producer Signature	Date					
Producer Name and Address						