

## 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	Street	City		County	State	ZIP Code			
3.	Location Address	Street	City		County	State	ZIP Code			
4.	Website Address:									
5.	Contact for Inspection/Audi	t: Name:								
	Phone No.:									
PRE	/IOUS INSURER & LOSS H	IISTORY – Atta	ich separate sł	neet if necess	sary 🗌	See Loss Ru	ns Attached			
	ouri Applicants: DO NOT an									
Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?										
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:										
Yea	r Carrier	Policy Numb	er Premium	Coverage	Losses/ \$ Amount	Descripti	on of Loss			
100	Currier			Coverage	ş Aniount	Decempti				
If any losses in excess of \$10,000, explain:										
BUS	NESS INFORMATION									
6.	Years in Business: Years Experience:									
7.	Are you licensed?  Ye									
8.	Percent of work for the follo	wing: S	Service:	%	Repa	ir:	%			
	Describe operations:									
	Commercial: %		Residential:	%	Privat	e Dwellings:	%			
9.	Any 24 Hour Emergency Se									
10.	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 Yes									
14.	If yes, describe:									
14.	Annual Sales/Receipts: \$ Do you perform any welding? Yes No If yes, %									
16.	Do you distribute any foreign manufactured parts? Yes No									
10.	If yes, provide a list of products:									
	,,									

17.	Do you repair or service invasive medical products, e.g. x-ray, MRI, CAT, Scan, Blood	Yes	No			
	Analysis?					
18.	Do you perform work on any of the following:					
	a. Underground mining equipment					
	b. Installation or work on playground equipment, waterslides, etc.					
	c. Oil and gas equipment, well and drilling equipment, or over-the-hole work					
	<ul> <li>Installation or service of logging equipment</li> </ul>					
	e. Trash compactors and balers					
	f. Petroleum refineries					
	g. Chemical facilities					
	h. Grain elevators					
	i. Rigging – not ship or boat					
	j. Hydraulic lifts used for auto repair					
	k. Agriculture or farm equipment installation, service or repair					
	I. Grinders, wood chippers, drilling equipment, saws					
	m. Medical-related equipment installation or repair					
19.	Provide payrolls for installation and repair work for the past 3 years:					
-	Year Payroll					
	\$					
	\$					
-	\$					
20. _	Do you sell any used equipment? 🗌 Yes 🗌 No					
	If yes, indicate percentage of your operation: %					
	List used equipment sold:					
21.	Provide 3 largest jobs performed in the past 12 months:					
	Description Cost					
	\$					
	\$					
	\$					
22.	Describe current work:					
23.	Are subcontractors utilized?					
If yes, provide types of work subcontracted:						
24.	Subcontracted costs: \$					
	Verify all subcontractors carry equal limits and name applicant as Additional Insured	1.				
	Do you utilize standard contracts when hiring subcontractors utilizing an Indemnity Clause	? 🗌 Yes	□ No			
25.	Do you utilize standard contracts when ming subcontractors utilizing an indemnity oradise					

**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