



EQUIPMENT BREAKDOWN APPLICATION

POLICY INFORMATION		Date:	
Proposed Effective Date:		Proposed Expiration Date:	
AGENCY INFORMATION			
Contact Name:		Agency Name and Mailing Address:	
E-Mail:			
Telephone:			
Fax:		City:	State: ZIP:
Code:		Agency Customer ID:	
APPLICANT INFORMATION			
GL Code:	SIC:	Duns/Experian:	
First Named Insured:		Mailing Address:	
Business Telephone:			
Website:		City:	State: ZIP:
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC Number of members & managers _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Individual	<input type="checkbox"/> Not for Profit Organization	<input type="checkbox"/> Subchapter "S" Corporation	
<input type="checkbox"/> Joint Venture		<input type="checkbox"/> Trust	
CONTACT INFORMATION			
Contact Type:		Contact Type:	
Contact Name:		Contact Name:	
Primary Tel: <input type="checkbox"/> Home <input type="checkbox"/> Bus <input type="checkbox"/> Cell		Primary Tel: <input type="checkbox"/> Home <input type="checkbox"/> Bus <input type="checkbox"/> Cell	
Primary E-Mail:		Primary E-Mail:	
NATURE OF BUSINESS		Date Business Started:	
<input type="checkbox"/> Apartments	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale
<input type="checkbox"/> Condominiums	<input type="checkbox"/> Office	<input type="checkbox"/> Self-Storage	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Institutional	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Service	
Description of Primary Operations:			
MACHINERY & EQUIPMENT			
Are equipment maintenance, overhaul, monitoring, disassembly and repair conducted according to manufacturers' instructions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is all equipment accessible with respect to repair or replacement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is all machinery and equipment in good condition?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain any NO answers:			
PRIOR CARRIER INFORMATION: EQUIPMENT BREAKDOWN COVERAGE			
Year			
Carrier			
Policy Number			
Premium	\$	\$	\$
Effective Date			
Expiration Date			



ADDITIONAL INTEREST (Attach a Separate Sheet If Needed)

Interest: <input type="checkbox"/> Lender's Loss Payable <input type="checkbox"/> Lienholder <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Owner <input type="checkbox"/> Trustee	
Reference/Loan #:	Name and Mailing Address:
Lien Amount:	
Interest End Date:	
Interest in Item Number	City: State: ZIP:
Location: Building:	Telephone:
Item Description:	Fax:
	E-Mail:

GENERAL FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALITES.

IN MARYLAND, ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

_____	_____	_____	_____
Signature of Agent	Date	Personal Signature of Applicant	Date
_____	_____	_____	_____
Agent's Name (typed or printed)		Applicant's Name (typed or printed)	

NOTICE TO APPLICANT: I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO QUOTE/ISSUE THE POLICY FOR WHICH I AM APPLYING.