III **MINICO**®
A JENCAP® COMPANY

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:

☐ Corporation ☐ LLC Number of members &   ☐ Partnership ☐ Other:
☐ Individual   managers _____   ☐ Subchapter "S" Corporation
☐ Joint Venture ☐ Not for Profit Organization ☐ Trust   _____

CONTACT INFORMATION

Contact Type:	Contact Type:
Contact Name:	Contact Name:
Primary Tel: ☐ Home ☐ Bus ☐ Cell	Primary Tel: ☐ Home ☐ Bus ☐ Cell
Primary E-Mail:	Primary E-Mail:

NATURE OF BUSINESS	Date Business Started:

☐ Apartments   ☐ Manufacturing   ☐ Retail   ☐ Wholesale
☐ Condominiums   ☐ Office   ☐ Self-Storage   ☐ Other:
☐ Institutional   ☐ Restaurant   ☐ Service   _____

Description of Primary Operations:

MACHINERY & EQUIPMENT

Are equipment maintenance, overhaul, monitoring, disassembly and repair conducted according to manufacturers' instructions?	☐ Yes ☐ No
Is all equipment accessible with respect to repair or replacement?	☐ Yes ☐ No
Is all machinery and equipment in good condition?	☐ Yes ☐ No

Please explain any NO answers:

PRIOR CARRIER INFORMATION: EQUIPMENT BREAKDOWN COVERAGE

Year				
Carrier				
Policy Number				
Premium	$	$	$	$
Effective Date				
Expiration Date				

LOSS HISTORY ☐ Check if None   (Attach Loss Summary for Additional Loss Information)

Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the last five (5) years.

Total Losses: $

Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Subro-gation Y/N	Claim Open Y/N

STATEMENT OF VALUES   (Attach a Separate Sheet If Needed)

Loc #	Location Name	Street Address	City	ST	ZIP	County	Occupancy

Loc #	Bldg #	Building Limit	Contents, Stock & Equipment	Business Income Including Extra Expense	Total Insured Values

COVERAGES

Property Damage Deductible: ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ Other: _____

Business Income Deductible: 24 hours (includes Extra Expense and Utility Interruption BI)

Select Sublimit for the Following Coverages: ☐ $25,000 ☐ $100,000 ☐ Other: _____
- Spoilage (including utility interruption)
- Ammonia Contamination
- Hazardous Substances
- Expediting Expense
- Water Damage
- Consequential Loss
- Data & Media – PD
- Data & Media – BI

Other Coverages:
- Ordinance or Law, D&ICC $100,000
- Newly Acquired Locations $100,000/30 days
- Fungus, Wet Rot & Dry Rot $15,000/30 days
- Green Updates $100,000/30 days

UNDERWRITING QUESTIONS

Are there any locations outside of the United States? ☐ Yes ☐ No

Do any of the locations produce their own electricity? ☐ Yes ☐ No
If YES, please provide complete details (attach a separate sheet if necessary):

ADDITIONAL INTEREST   (Attach a Separate Sheet If Needed)

Interest: ☐ Lender's Loss Payable ☐ Lienholder ☐ Loss Payee ☐ Mortgagee ☐ Owner ☐ Trustee

Reference/Loan #:

Lien Amount:

Interest End Date:

Interest in Item Number

Location: Building:

Item Description:

Name and Mailing Address:

City: State: ZIP:

Telephone:

Fax:

E-Mail:

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ADDITIONAL INTEREST	(Attach a Separate Sheet If Needed)	

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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.