

Equipment Supplemental Application

This supplemental should be sent in conjunction with the Acord 125 & 146

Need by Date	Effective Date	Expiration Date	Policy Term
Agency Name		Agency Contact	
Agency Phone No.	Website Address		

Insured Information			
Insured Name			
Insured DBA		Fed ID Number	
Physical Address			
Mailing Address			
City	State	ZIP Code	Phone Number
Type Business		Yrs In Business	Prior Carrier/Premium
5 Yr Loss Amt \$	Explanation of Loss		Loss date
Loss Runs Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
Radius of Operation	Avg. Years Experience of Operators	Number of Pieces Owned	Number of Pieces Insured

Equipment Detail					
Note type of fire suppression equipment by each machine listed below (i.e., water tank, fire extinguisher, etc.)					
Unit	Year	Make & Model	Fire	Serial No.	Ins. Amt.
#1					
#2					
#3					
#4					
#5					
#6					
#7					
#8					
Verify Year / Models On All Equipment					
Schedule Attached <input type="checkbox"/> Yes <input type="checkbox"/> No					

Where is the equipment stored when not in use?		
Describe maintenance routines, procedures and frequency?		
Describe the cool down procedures that the insured utilizes after each use?		
Describe the security measures in place to protect equipment during non-working hours and weekends.		
Describe the fire protection equipment and systems you have in place to safeguard your equipment.		
Is applicant operating equipment not listed here? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any property used underground? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any work done afloat or any waterborne equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rented/Leased Equipment		
Any equipment rented or loaned to others with/ without operator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Any equipment rented or loaned from others? If requesting Rented/Leased coverage, answer questions below <input type="checkbox"/> Yes <input type="checkbox"/> No		
Prior 12 and estimated next 12 months rental expenditures to rent equipment from others		
Max and average per item value requested?	Max and average occurrence limit requested?	

THE UNDERSIGNED CERTIFIES THAT THE ANSWERS HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE. SIGNING OF THE APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF A CONTRACT SHOULD A POLICY BE ISSUED.

Applicant's Signature

Date

Producer's Signature

Date