



Agency: \_\_\_\_\_

Location: \_\_\_\_\_

# EQUIPMENT DEALERS COVERAGE

Proposed Effective Date: \_\_\_\_\_ Proposed Expiration Date: \_\_\_\_\_

## A. APPLICANT INFORMATION

1. Named Insured: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Entity:  Individual  Corporation  Sub Chapter S Corp.  Partnership  Joint Venture  
 Non-Profit Organization

4. Years in business: \_\_\_\_\_

5. Has applicant ever been involved in bankruptcy or liquidation?  Yes  No If yes, explain: \_\_\_\_\_

6. Inspection Contact: \_\_\_\_\_ 7. Accounting Records Contact: \_\_\_\_\_

8. Description of Operations: \_\_\_\_\_

9. Any other insurance with this company or being submitted? \_\_\_\_\_

## B. PRIOR CARRIER/LOSS HISTORY

1. Has any carrier declined, cancelled or non-renewed any property or inland marine coverage during the prior three years?  Yes  No If yes: \_\_\_\_\_

2. Prior Carrier:

Carrier	Years	Years	Years	Years
Policy Number				
Premium				

3. Describe all losses to the class of property which have occurred over the previous five years, whether insured or uninsured:

Date of Occurrence	Description	Amount of Loss

IMPORTANT: If this application is approved, the policy will contain a warranty that the insured has fully disclosed all prior losses; otherwise the policy shall be null and void.

**C. COVERED LOCATIONS/LIMITS OF INSURANCE**

Basis for Coverage (check one):  Non Reporting (80% coinsurance)  
 Reporting (100% coinsurance)

1. Covered Location Address	Limits of Insurance		Deductible
	Inside Building	Outside Building	

Building Construction \_\_\_\_\_  
No. of Stories: \_\_\_\_\_  
Basement? (Yes/No): \_\_\_\_\_  
Total Area: \_\_\_\_\_  
Other Occupancies: \_\_\_\_\_

Year Built: \_\_\_\_\_  
Building Improvements  
Wiring (Year): \_\_\_\_\_  
Roofing (Year): \_\_\_\_\_  
Plumbing (Year): \_\_\_\_\_  
Heating (Year): \_\_\_\_\_

Public Protection Class: \_\_\_\_\_  
Distance to Hydrant: \_\_\_\_\_  
Sprinklered? (Yes/No): \_\_\_\_\_  
Heat/Smoke Detectors? (Yes/No): \_\_\_\_\_

Right Exposure & Distance: \_\_\_\_\_  
Left Exposure & Distance: \_\_\_\_\_  
Rear Exposure & Distance: \_\_\_\_\_  
Distance to Ocean, Bay or Gulf: \_\_\_\_\_

Burglar Alarm Type: \_\_\_\_\_  
Installed & Serviced By: \_\_\_\_\_  
(Attach copy of Alarm Certificate)

Outside lot  
Fenced (Yes/No): \_\_\_\_\_  
Lighted (Yes/No): \_\_\_\_\_

Describe any other loss prevention measures in effect to guard against theft of equipment from an outside lot: \_\_\_\_\_  
\_\_\_\_\_

2. Covered Location Address	Limits of Insurance		Deductible
	Inside Building	Outside Building	

Building Construction \_\_\_\_\_  
No. of Stories: \_\_\_\_\_  
Basement? (Yes/No): \_\_\_\_\_  
Total Area: \_\_\_\_\_  
Other Occupancies: \_\_\_\_\_

Year Built: \_\_\_\_\_  
Building Improvements  
Wiring (Year): \_\_\_\_\_  
Roofing (Year): \_\_\_\_\_  
Plumbing (Year): \_\_\_\_\_  
Heating (Year): \_\_\_\_\_

Distance to Hydrant: \_\_\_\_\_  
Sprinklered? (Yes/No): \_\_\_\_\_  
Heat/Smoke Detectors? (Yes/No): \_\_\_\_\_

Public Protection Class: \_\_\_\_\_  
Right Exposure & Distance: \_\_\_\_\_  
Left Exposure & Distance: \_\_\_\_\_  
Rear Exposure & Distance: \_\_\_\_\_  
Distance to Ocean, Bay or Gulf: \_\_\_\_\_

Burglar Alarm Type: \_\_\_\_\_  
Installed & Serviced By: \_\_\_\_\_  
(Attach copy of Alarm Certificate)

Outside lot  
Fenced (Yes/No): \_\_\_\_\_  
Lighted (Yes/No): \_\_\_\_\_

Describe any other loss prevention measures in effect to guard against theft of equipment from an outside lot: \_\_\_\_\_  
\_\_\_\_\_

**D. TRANSIT COVERAGE**

1. Limit of Insurance: \_\_\_\_\_
2. Equipment transported by:  Applicants Vehicles  Contract Carrier  Common Carrier
3. Number of owned trucks: \_\_\_\_\_
4. Distance within which applicant will pick up or deliver equipment: \_\_\_\_\_

**E. PROPERTY OFF PREMISES**

1. Limit of Insurance: \_\_\_\_\_

**F. ADDITIONALLY COVERED PROPERTY**

Class of Property	Limit of Insurance
Furniture, Fixtures and Office Supplies: .....	
Machinery, Tools and Fittings: .....	
Patterns, Dies, Molds and Models: .....	
Improvements and Betterments:.....	

**G. NOTICE TO APPLICANT**

**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 MIS-LEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE – APPLICABLE IN FLORIDA ONLY.**

**A 25% Minimum Earned Premium will be charged on cancellations made at the insured's request, including non-payment cancellations.**

**The undersigned being authorized by, and acting on behalf of the Firm and all persons or concerns seeking insurance, has read and understands this application and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will be immediately reported in writing to the company.**

**The signing of this application does not bind the undersigned to purchase the insurance, nor does receipt or review of the application bind the company to issue a policy. It is agreed that if a policy is issued it is issued in reliance upon the statements in this application.**

**Representation: The Firm represents that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated**

therein, should the company/underwriter evidence its acceptance of this application by issuance of a policy. The Firm further represents that it has not withheld any information which is reasonably likely to influence the judgment of the company/underwriters considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc.). If the Firm has withheld any such information, the Firm understands that its coverage may be voided. The Firm further understands that its failure to disclose any information in its possession regarding possible acts, errors or omissions which may lead to a claim will relieve the insurance company of any obligation under the policy.

The Firm hereby authorizes the insurance company, its agents and representatives to secure any information from its current and previous insurance carriers and/or employers.

No insurance shall be granted unless all questions are fully answered.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Agent signature \_\_\_\_\_ Date \_\_\_\_\_