

## MISCELLANEOUS PROPERTY APPLICATION

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Years in Business: \_\_\_\_\_ Policy Term: \_\_\_\_\_ to \_\_\_\_\_

Insured is: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Joint Venture.

Description of Operations: \_\_\_\_\_

Territory of Operations: \_\_\_\_\_

COVERAGE/DEDUCTIBLE
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EQUIPMENT STORAGE			UNSCHEDULED EQUIPMENT		
Maximum Value					
In Building	Outside	Type of	Description	Maximum per Item	Max. per
Security			Occurrence		

Any waterborne exposure? ( ) Yes ( ) No

Any underground exposures? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

Is Equipment rented, loaned to others? ( ) Yes ( ) No (If yes, attach copy of lease/rental agreement(s))

If yes, with operators? ( ) Yes ( ) No

Limit Desired: \_\_\_\_\_

Is Equipment rented, loaned from others to you? ( ) Yes ( ) No

Total rental expenditures past 12 months: \_\_\_\_\_

Total expenditures anticipated next 12 months: \_\_\_\_\_

Limit Desired: \_\_\_\_\_

Is Applicant operating equipment not listed here ( ) Yes ( ) No

How is equipment transported? (Own vehicles or common carrier?)

\_\_\_\_\_

Location and construction of storage building(s), if any:

\_\_\_\_\_

Proportion of time stored: \_\_\_\_\_

Describe any repair operations: \_\_\_\_\_

Has any company cancelled, denied or declined to renew coverage? ( ) Yes

( ) No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Present Carrier: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Rate: \_\_\_\_\_ Deductible: \_\_\_\_\_

Losses past 3 years:      Date of Loss                      Details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

The Applicant agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Agent's Signature Date

**Schedule of Equipment**

Item No.	Year	Manufacturer	Description of Property	Model# Serial #	Value