

## MACHINERY OR EQUIPMENT – INSTALLATION, SERVICING OR REPAIR APPLICATION SUPPLEMENT

(To be used with Acord Application)

1.	Proposed First Named Insured & Other Named Insured(s):								
2.	Mailing Address	Street	City		County	State	ZIP Code		
3.	Location Address	Street	City		County	State	ZIP Code		
4.	Website Address:								
5.	Contact for Inspection/Audit: Name:								
	Phone No.:								
PRE\	REVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary								
Missouri Applicants: <b>DO NOT</b> answer this question.  Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?  No Yes - If Yes, give name of company, date, and reason:									
Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:									
		Deliev Numbe	r Dromium	Cavarage	Losses/	Decembris	an aflace		
Year	Carrier	Policy Numbe	r Premium	Coverage	\$ Amount	Description	on of Loss		
If any losses in excess of \$10,000, explain:									
BUSI	NESS INFORMATION								
6.	Years Experience:								
7.	Are you licensed? Yes	s No	1	. od. o zapon					
8.	Percent of work for the follo		ervice:	%	Repa	 air:	%		
-	Describe operations:								
_	Commercial: %	R	esidential:	%	Priva	Private Dwellings: %			
9.	Any 24 Hour Emergency Se	ervice?	s 🗌 No		•				
10.	List all equipment installed, serviced, repaired or erected:								
11.	Provide details of shop operations:								
12.	Provide details of operations off premises:								
13.	Do you install, service or repair work for the Petroleum or Chemical industry?   Yes  No If yes, describe:								
14.	Annual Sales/Receipts: \$								
15.	Do you perform any welding?  Yes No If yes, %								
16.	Do you distribute any foreign manufactured parts?   Yes  No If yes, provide a list of products:								

	_			Yes	No	
17.	•	rvice invasive medical products, e.g. x-ray, MRI, CAT, Scan, Bl	ood		Ш	
18.	Analysis?					
	Do you perform work on any of the following:  a. Underground mining equipment					
	_	ork on playground equipment, waterslides, etc.				
	c. Oil and gas equipment, well and drilling equipment, or over-the-hole work					
	d. Installation or service of logging equipment					
	e. Trash compactors and balers					
	f. Petroleum refineries					
	g. Chemical facilities					
	h. Grain elevators					
	i. Rigging – not ship or boat					
	<ul><li>j. Hydraulic lifts used for auto repair</li><li>k. Agriculture or farm equipment installation, service or repair</li></ul>					
		chippers, drilling equipment, saws				
		equipment installation or repair				
19.		installation and repair work for the past 3 years:				
	Year	Payroll				
		\$				
		\$				
00		<u> </u> \$				
20.	Do you sell any use	·				
		entage of your operation: %				
	List used equipmen	it soid.				
21.	Provide 3 largest jo	bs performed in the past 12 months:				
	Description					
	•		\$			
			\$			
			\$			
22.	Describe current wo	nrk <sup>.</sup>	<u> </u>			
~~.	Decombe danteni we	51 A.				
23.	Are subcontractors	utilized?				
20.	If yes, provide types					
24.	Subcontracted cost					
		actors carry equal limits and name applicant as Additional	Insured.			
25.	<u>-</u>	lard contracts when hiring subcontractors utilizing an Indemnity		] Yes [	□ No	
	UD STATEMENTS	Ş,				
FLOI	RIDA: Any person wh	no knowingly and with intent to injure, defraud, or deceive any ing any false, incomplete, or misleading information is guilty of a				
	• •	It is a crime to knowingly provide false, incomplete, or mislead	•	•		
	any for the purpose	of defrauding the company. Penalties include imprisonment, fir				
Refer to the Core Application for all Fraud Statements.						

## IMPORTANT NOTICE DECLARATION ARE THE STATEMENTS MARE IN THE ARRIVED ARE COMPLETE AND TRUE.

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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SIGNATURES						
Applicant Signature	Title	Date				
Producer Signature		Date				
Producer Name and Address						