

- | | Yes | No |
|---|--------------------------|--------------------------|
| 17. Do you repair or service invasive medical products, e.g. x-ray, MRI, CAT, Scan, Blood Analysis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you perform work on any of the following: | | |
| a. Underground mining equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Installation or work on playground equipment, waterslides, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Oil and gas equipment, well and drilling equipment, or over-the-hole work | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Installation or service of logging equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Trash compactors and balers | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Petroleum refineries | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Chemical facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Grain elevators | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Rigging – not ship or boat | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Hydraulic lifts used for auto repair | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Agriculture or farm equipment installation, service or repair | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Grinders, wood chippers, drilling equipment, saws | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Medical-related equipment installation or repair | <input type="checkbox"/> | <input type="checkbox"/> |

19. Provide payrolls for installation and repair work for the past 3 years:

Year	Payroll
	\$
	\$
	\$

20. Do you sell any used equipment? Yes No
 If yes, indicate percentage of your operation: _____ %
 List used equipment sold: _____

21. Provide 3 largest jobs performed in the past 12 months:

Description	Cost
	\$
	\$
	\$

22. Describe current work: _____

23. Are subcontractors utilized? Yes No
 If yes, provide types of work subcontracted: _____

24. Subcontracted costs: \$ _____

Verify all subcontractors carry equal limits and name applicant as Additional Insured.

25. Do you utilize standard contracts when hiring subcontractors utilizing an Indemnity Clause? Yes No

FRAUD STATEMENTS

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.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE**DECLARATION**

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.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address
