Northland INSURANCE

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.:

PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary ☐ **See Loss Runs Attached**

Missouri Applicants: **DO NOT** 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:

Year	Carrier	Policy Number	Premium	Coverage	Losses/ $ Amount	Description of Loss

If any losses in excess of $10,000, explain:

BUSINESS INFORMATION

6. Years in Business: Years Experience:
7. Are you licensed? ☐ Yes ☐ No
8. Percent of work for the following: Service: % Repair: %
Describe operations:
Commercial: % Residential: % Private Dwellings: %
9. Any 24 Hour Emergency Service? ☐ Yes ☐ 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:

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		Yes	No
17.	Do you repair or service invasive medical products, e.g. x-ray, MRI, CAT, Scan, Blood Analysis?	☐	☐
18.	Do you perform work on any of the following:		
	a. Underground mining equipment	☐	☐
	b. Installation or work 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	☐	☐
	j. Hydraulic lifts used for auto repair	☐	☐
	k. Agriculture or farm equipment installation, service or repair	☐	☐
	l. Grinders, wood chippers, drilling equipment, saws	☐	☐
	m. Medical-related equipment installation or repair	☐	☐

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.

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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

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