

EQUIPMENT BREAKDOWN COVERAGE APPLICATION

CURRENT DATE	PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	DATE QUOTE NEEDED	POLICY NUMBER <i>(if renewal)</i>
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INSURED INFORMATION

NAMED INSURED	WEBSITE	DESCRIPTION OF OPERATION / NUMBER OF YEARS IN BUSINESS		
INSURED MAILING ADDRESS <i>(No., Street)</i>		CITY	STATE	ZIP CODE
CONTACT NAME	CONTACT TELEPHONE NUMBER			

5 YEAR LOSS HISTORY *(Attach details)* If "None" select here **Yes** **No**

1. Has any equipment breakdown loss in the last 5 years exceeded \$10,000?
2. In the past 3 years: Any policies cancelled or non-renewed?
3. Any active bankruptcies?

AGENT / BROKER INFORMATION

NAME	TELEPHONE NUMBER	EMAIL ADDRESS		
AGENT MAILING ADDRESS <i>(No., Street)</i>		CITY	STATE	ZIP CODE

CURRENT COVERAGE INFORMATION

CURRENT CARRIER	CURRENT PREMIUM \$	CURRENT DEDUCTIBLE \$
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ADDITIONAL COVERAGE INFORMATION

LOCATION INFORMATION – *(If more than 3 locations please attach additional sheet)*

LOCATION #1

LOCATION NAME

STREET ADDRESS <i>(No., Street)</i>		CITY	STATE	ZIP CODE
CLASS OF BUSINESS		SIZE OF LOCATION <i>(sq. ft.)</i>	YEAR BUILT	
BOILER/PRESSURE VESSEL Yes No	PERISHABLE GOODS Yes No	OWN FACILITY? Yes No	Does this location generate greater than 25kw of electricity <i>(not including emergency backup devices)</i> ? If "Yes" select here	

LOCATION #2

LOCATION NAME

STREET ADDRESS <i>(No., Street)</i>		CITY	STATE	ZIP CODE
CLASS OF BUSINESS		SIZE OF LOCATION <i>(sq. ft.)</i>	YEAR BUILT	
BOILER/PRESSURE VESSEL Yes No	PERISHABLE GOODS Yes No	OWN FACILITY? Yes No	Does this location generate greater than 25kw of electricity <i>(not including emergency backup devices)</i> ? If "Yes" select here	

LOCATION #3

LOCATION NAME

STREET ADDRESS <i>(No., Street)</i>		CITY	STATE	ZIP CODE
CLASS OF BUSINESS		SIZE OF LOCATION <i>(sq. ft.)</i>	YEAR BUILT	
BOILER/PRESSURE VESSEL Yes No	PERISHABLE GOODS Yes No	OWN FACILITY? Yes No	Does this location generate greater than 25kw of electricity <i>(not including emergency backup devices)</i> ? If "Yes" select here	

LOCATION VALUES	LOCATION #1	LOCATION #2	LOCATION #3
Coinsurance Percent	%	%	%
Building Value	\$	\$	\$
Contents			
Machinery & Equipment	\$	\$	\$
Stock – Non Perishable Goods	\$	\$	\$
Perishable Goods	\$	\$	\$
Other	\$	\$	\$
Business Income	\$	\$	\$
Extra Expense	\$	\$	\$
Ordinary Payroll	\$	\$	\$
Rental Income	\$	\$	\$
Total Insured Value	\$	\$	\$

Upon binding the coverage, please provide us with information regarding any additional interests, such as mortgagees, loss payees, etc. to be included on the policy.

ADDITIONAL COMMENTS

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain answers to questions on this application. He/she represents that the answers are true and correct and complete to the best of his/her knowledge.

APPLICANT'S OR APPLICANT'S REPRESENTATIVE'S SIGNATURE	DATE SIGNED
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Please note that it is a crime in most states to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

[State Notices](#)

