

COMMERCIAL EQUIPMENT INLAND MARINE APPLICATION

NEW RENEWAL of Certificate/Policy No. [_____]

THIS APPLICATION MUST BE COMPLETED, SIGNED AND DATED BY THE APPLICANT.

***NO COVERAGE WILL BE BOUND PRIOR TO RECEIPT OF APPLICATION, & ACCEPTED NY NAIS.

ALL APPLICABLE QUESTIONS TO BE ANSWERED BY APPLICANT PRIOR TO BINDING

Dates of Coverages Requested _____ to _____

1. Name of Applicant: _____

2. DBA: _____ 3. Number of years in this business _____

4. Mailing address: _____

_____ Street Address City State Zip

5. Address of principal terminal / garaging if other than above:

_____ Street Address City State Zip

6. Is the equipment to be used outside of California Yes No If Yes, where? _____

7. Purpose for which equipment is used: _____

a. Does applicant do any road building or other work in mountainous areas? Yes No

b. Does applicant do any dynamiting or work at job sites where others might do dynamiting work? Yes No

c. Will the equipment be used over water? Yes No

d. Will the equipment be used underground? Yes No

8. Location of equipment when not in use: _____

a. Will any equipment ever be left unattended at job site? Yes No

b. Is any equipment kept in buildings? Yes No

c. Is any equipment left out in the open? Yes No If yes is area fully enclosed by a fence? Yes No

9. Did the applicant have prior insurance? Yes No If yes, name, policy number and dates of carrier _____

10. Has the applicant sustained any losses during the past three years which would have been covered under this form of insurance, whether insured or not? Yes No

If yes, state dates, full circumstances and amount of loss: _____

11. Has Lloyd's or any Company ever cancelled insurance for applicant? Yes No

Has any such insurance ever been refused? Yes No

If Yes, give full particulars _____

12. Will any equipment be hired out with out an employee of applicant Yes No

If Yes, explain: _____

13. How often is equipment serviced and by whom? _____

14. Is there any other material fact, within your knowledge, regarding this applicant which should be submitted to the Underwriters for consideration? _____

15. Coverage Desired: Named Perils All Risks Form
 Replacement Cost Other _____ Deductible: _____

A 100% coinsurance clause will apply

16.

Items to be covered

1	Type	ID # Serial #	<input type="checkbox"/> New <input type="checkbox"/> Used	Capacity	Date Purchased
	Manufacturer	Model	Model Year	Other	Amount of Insurance
2	Type	ID # Serial #	<input type="checkbox"/> New <input type="checkbox"/> Used	Capacity	Date Purchased
	Manufacturer	Model	Model Year	Other	Amount of Insurance
3	Type	ID # Serial #	<input type="checkbox"/> New <input type="checkbox"/> Used	Capacity	Date Purchased
	Manufacturer	Model	Model Year	Other	Amount of Insurance
4	Type	ID # Serial #	<input type="checkbox"/> New <input type="checkbox"/> Used	Capacity	Date Purchased
	Manufacturer	Model	Model Year	Other	Amount of Insurance
5	Type	ID # Serial #	<input type="checkbox"/> New <input type="checkbox"/> Used	Capacity	Date Purchased
	Manufacturer	Model	Model Year	Other	Amount of Insurance
6	Type	ID # Serial #	<input type="checkbox"/> New <input type="checkbox"/> Used	Capacity	Date Purchased
	Manufacturer	Model	Model Year	Other	Amount of Insurance
7	Type	ID # Serial #	<input type="checkbox"/> New <input type="checkbox"/> Used	Capacity	Date Purchased
	Manufacturer	Model	Model Year	Other	Amount of Insurance
8	Type	ID # Serial #	<input type="checkbox"/> New <input type="checkbox"/> Used	Capacity	Date Purchased
	Manufacturer	Model	Model Year	Other	Amount of Insurance
9	Type	ID # Serial #	<input type="checkbox"/> New <input type="checkbox"/> Used	Capacity	Date Purchased
	Manufacturer	Model	Model Year	Other	Amount of Insurance
10	Type	ID # Serial #	<input type="checkbox"/> New <input type="checkbox"/> Used	Capacity	Date Purchased
	Manufacturer	Model	Model Year	Other	Amount of Insurance

17. Premium \$ _____
 Deductible \$ _____
 State tax \$ _____
 Fully Earned Certificate Fee \$ _____
 Total \$ _____

I hereby declare that the above statements and particulars are true and that I have not suppressed or misstated any material facts and I agree that this application form shall be the basis of the contract. I understand that non-disclosure or misrepresentation of a material fact will enable the Underwriters to void the insurance.

Signature of Applicant X _____ Date _____

QUESTIONS TO BE ANSWERED BY PRODUCER	
1	Do you Know the applicant personally? <input type="checkbox"/> Yes <input type="checkbox"/> No If so for how long?
2	Did you receive the order direct from the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you handle other insurance for applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you recommend application? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Other comments:

The undersigned Agent or Broker agrees to be responsible for any earned premium developed on this application

Signature of Producer X _____ Date _____