



EQUIPMENT SUPPLEMENTAL APPLICATION

This supplemental should be sent in conjunction with the Acord 125.

QUOTE DATE		AGENCY NAME	
COVER DATE		AGENCY CONTACT	
EXP. DATE		AGENCY PHONE NO.	()
POLICY TERM		AGENCY FAX NO.	()
DOES AGENT KNOW PROPOSED INSURED PERSONALLY		() YES	() NO
WHAT OTHER COVERAGES DO YOU WRITE FOR THIS INSURED			

INSURED INFORMATION

INSURED NAME	SS#
INSURED DBA	FED ID #
PHYSICAL ADDRESS: MAILING ADDRESS:	PHONE#
CITY	STATE ZIP
TYPE BUSINESS	YRS IN BUSINESS
PRIOR CARRIER	5 YR LOSS AMT \$
EXPLANATION OF LOSS	LOSS DATE:
RADIUS OF OPERATION	AVG YRS EXPERIENCE OF OPERATORS
#PIECES OWNED	#PIECES INSURED

EQUIPMENT DETAIL

NOTE TYPE OF FIRE SUPPRESSION EQUIPMENT BY EACH MACHINE LISTED BELOW (I.E., WATER TANK, FIRE EXTINGUISHER, ETC.)

UNIT	YEAR	MAKE & MODEL	FIRE	SERIAL NO.	INS. AMT.
#1					
#2					
#3					
#4					
#5					

VERIFY YEAR MODELS ON ALL EQUIPMENT

BILLING TYPE: AGENCY BILL

What Company writes the W/C and GL for the insured? _____
 Provide overview of maintenance program. _____
 For Forestry/Construction, describe cool down procedures.
 Provide all security measures for equipment during non working hours and weekends.

Is applicant operating equipment not listed here? _____
 Any property used underground? _____
 Any work done afloat or any waterbourne equipment? _____



RENTED/LEASED EQUIPMENT

Any equipment rented or loaned to others with/ without operator? If yes, please explain.

Any equipment rented or loaned from others? If requesting Rented/Leased coverage, answer questions below.

Prior 12 and estimated next 12 months rental expenditures to rent equipment from others?

Max and average per item value requested? _____

Max and average occurrence limit requested? _____

CRANES

Do the operators have more than 5 years experience? _____

Are all operators certified? _____

Verify all cranes are owned. If Rented/Leased, which items and length of lease or rental? _____

What is the crane used for? Is Overload Coverage requested? _____

Are all Cranes equipped with weight of load monitoring devices that automatically shut down the machine if the cargo exceed's the vehicle's maximum lifting capacity? _____

Can the insured override the weight of load capacity? _____

Describe the safety equipment and procedures in place on cranes. _____

RIGGING/HOOK

Prior 12 and estimated next 12 months rigging receipts? _____

Average and maximum height of lift? _____

Average and maximum "on-hook" values? _____

Description of typical items lifted? _____

Can the insured override the weight of load capacity? _____

THE UNDERSIGNED CERTIFIES THAT THE ANSWERS HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS\HER KNOWLEDGE. SIGNING OF THE APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF A CONTRACT SHOULD A POLICY BE ISSUED.

LOSS PAYEE _____

SIGNATURES
APPLICANT:

PRODUCER