



APPLICATION FOR EQUIPMENT INSURANCE

Phone: 864-538-4767
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Loggers Insurance, LLC
445 HWY 72 Bypass
Greenwood, SC, 29649
quote@loggersins.com

() Forestry () Construction

1. Name of Applicant _____ Phone # _____

2. Address: _____ City _____
County _____ State _____ Zip _____

3. Does equipment have Automatic Fire Suppression System (AFSS) installed? Yes [] No []

If Yes, Make of AFSS: _____ Last inspection date of AFSS? _____

4. Description of Equipment:

Year: _____ Make: _____ Model: _____

Serial #: _____ Hours: _____ Amount to insure: _____

5. Requested Deductible: _____

6. Number of years in business? _____ Lien Holder: _____

7. Have any insurers canceled or refused to renew equipment insurance during the past (3) three years?

8. List the date, cause, and amount of any loss or damage to equipment during the past (3) three years whether or not covered by insurance. (Supplemental application is required if loss is listed.)

9. List previous insurance carrier(s):

10. WARNING: Any person who, with intent to defraud or knowing that s/he is facilitating a fraud against an insurer, submits an application containing a false statement or deceptive statement is guilty of insurance fraud. The signature of the applicant verifies that the information contained on this application is correct and no misrepresentations have been made.

Signature (of Insured)

Date

11. Effective Date: _____ Expiration Date: _____

12. What do you know of the Insured's reputation in the business, and his financial standing?

(DEALER/ CUSTOMER)

(DATE)

Deductible: \$ _____

Premium: \$ _____

Payment Terms: Paid in Full _____ Semi-Annual _____ Quarterly _____ # of Installments _____