



## MACHINERY & EQUIPMENT MAINTENANCE & REPAIR APPLICATION

*Must be completed in conjunction with the ACORD application*

NAMED INSURED:

MAILING ADDRESS:

INSURED CONTACT:

PHONE:

LEGAL TYPE ENTITY: Individual  Corporation  Partnership  Joint Venture  Other

WEBSITE (if applicable):

EXPIRING CARRIER:

EXPIRING PREMIUM:

PROPOSED POLICY PERIOD:

### APPLICANT OPERATIONS OVERVIEW:

1. States/areas of operations:
2. Description of operations:
3. Length of time in business operating under the current name:
  - If new venture, please provide resume, or advise experience, of the principal(s):
4. Industries served:
5. Description of discontinued operations, if any:
6. Description of any new operations:
7. # of Owners/Partners/Officers:                      # of Trade Employees:                      Total Payroll:
8. Total Estimated Receipts:
9. Amount of subcontracted work, if any:
10. Do subcontractors provide Certificates of Insurance and include you as Additional Insured?  
Yes  No  N/A
11. Do subcontractors provide you with an indemnification agreement? Yes  No  N/A
12. Are you licensed and/or certified? Yes  No 
  - If yes, please advise type:
13. Do you maintain written records of when and where you perform your services? Yes  No 
  - If yes, for how long?
14. Can you identify the companies that supply you with the parts and materials used in the services that you provide? Yes  No
15. Do you sell any parts? Yes  No  Please describe:
16. Do you sell any used machinery or equipment? Yes  No  Please describe:

17. Are you aware of any incident or circumstance that may result in a claim or claims against you, which are not shown on the loss runs? Yes  No

- If yes, please explain:

**HISTORICAL EXPOSURES:**

	<u>Policy Term</u>	<u>Payroll</u>	<u>Sales</u>
Current Year			
1 <sup>st</sup> Prior Year			
2 <sup>nd</sup> Prior Year			
3 <sup>rd</sup> Prior Year			

**LOSS INFO:**

3 to 5 years carrier, currently valued loss runs required. If not available, please explain.

I certify that all information is accurate to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_