



EQUIPMENT DEALERS APPLICATION

Name of Applicant: _____
Mailing Address: _____
Contact Name: _____ Telephone: _____
Location Address: _____
Years in Business: _____ Policy Term: _____ to _____

Description of Operations: _____

Insured is: _____ Individual _____ Partnership _____ Corporation _____ Joint Venture.

1. Type of equipment: _____
Maximum value any one item: \$ _____

2. Gross Sales (annual): \$ _____

3. Limits required:

Address

A. Location 1: _____ Limit: \$ _____

B. Location 2: _____ Limit: \$ _____

C. Non Scheduled Locations: _____ \$ _____

D. At other location acquired by the insured: _____ \$ _____

E. In transit: _____ \$ _____

F. Number of Trucks and Type: _____

G. Radius: _____

H. Overall disaster limit: _____

The following information is required separately for each location owned, rented, under control or used in whole or in part by applicant. Attach supplementary sheet, if necessary.

Fire Contents Rate	_____	EC Contents Rate	_____	Construction of Building	_____
Fire Protection (Sprinkled)	_____			Burglar Protection (Central Station, Watchman, 24 hr. Guard)	_____
Is lot fenced?	_____	Lighted?	_____		

4. Inventory Values

A. Location 1. Address: _____

- (1) Inventory value on latest inventory dated
- (2) Inventory value on prior inventory dated*
- (3) Maximum amount at risk during year did not exceed
- (4) Average values at risk during year
- (5) Estimated average amount of property of others during the past twelve months

IN BUILDING			Property Outside Building
Mobile Equip.	Accessories	Other Stock	

*Inventory must be at least six months prior to latest inventory.

B. Location 2. Address: _____

- (1) Inventory value on latest inventory dated
- (2) Inventory value on prior inventory dated*
- (3) Maximum amount at risk during year did not exceed
- (4) Average values at risk during year
- (5) Estimated average amount of property of others during the past twelve months

IN BUILDING			Property Outside Building
Mobile Equip.	Accessories	Other Stock	

*Inventory must be at least six months prior to latest inventory.

5. ELSEWHERE, I. E., OUT ON TRIAL, APPROVAL, EXHIBIT, ETC.

- A. Inventory value on latest inventory dated:_____ \$ _____
- B. Inventory value on prior inventory dated*:_____ \$ _____
- C. Maximum amount at risk during year did not exceed: \$ _____
- D. Total: \$ _____

*Inventory must be least six months prior to latest inventory.

6. Repair Operations

- A. Annual Gross Receipts: \$ _____
- B. Premises & Building description if different than sales operation: _____

- C. Limit Required: _____

7. Losses past 3 years: Date of Loss Details

NOTE A: Exact monthly inventories for the last twelve months shall be furnished, if available, by location and showing date of each, in lieu of items numbered 1, 2 and 3.

NOTE B: If the policy is to exclude coverage of specifically identified property owned by a named person, firm or corporation other than the Applicant, the values thereof should be excluded in furnishing the foregoing figures. The information contained herein, has been prepared from our records and is true and correct to the best of my knowledge and belief.

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

The Proposer agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

Date

Signature of Applicant

Title or Position