

**MISCELLANEOUS SCHEDULED PROPERTY APPLICATION**

Applicant's Name: \_\_\_\_\_ Agent: \_\_\_\_\_  
 \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_ Inspection Contact: \_\_\_\_\_  
 \_\_\_\_\_ Phone Number for Inspection contact: \_\_\_\_\_

Proposed Policy Period: \_\_\_\_\_ to: \_\_\_\_\_

Indicate Coverage:  Basic  Special Deductible:  \$250  \$500  \$1,000

SCHEDULE OF PROPERTY TO BE INSURED						
MACHINE DESCRIPTION *	YEAR BUILT	MANUFACTURER	IDENTIFYING MARKS SERIAL # OR VIN #	PURCHASE PRICE & DATE OF PURCHASE	NEW (N) USED (U)	AMOUNT OF INSURANCE

\* A photo of each item listed above is required.

Does anyone other than Applicant have an interest in property? .....  Yes  No  
 If yes, describe: \_\_\_\_\_

Does Applicant operate equipment?.....  Yes  No  
 If no, who does? \_\_\_\_\_

Is equipment loaned or rented to others? .....  Yes  No  
 If yes, is a receipt obtained, imposing full responsibility for safe return of such equipment?.....  Yes  No

**Check each item applicable for equipment usage:**

- Air Fields  Levee Building  Oil Fields
- Bridge Construction  Logging & Lumbering  Pipe Line Construction
- Building Foundation  Mining  Road Building
- Building Erection

What type of maintenance is being performed on the equipment? \_\_\_\_\_

Is equipment cleaned at the end of each working day? .....  Yes  No  
 If not, how frequently is it cleaned? \_\_\_\_\_

Is equipment left at job site overnight? .....  Yes  No  
 State location of equipment when not in use: \_\_\_\_\_

What security measures are taken to prevent theft when equipment is not in use? \_\_\_\_\_

How is equipment transported? \_\_\_\_\_

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST THREE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

During the past three years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant?  Yes  No If yes, please explain: \_\_\_\_\_

Complete description of all business operations? \_\_\_\_\_

Has the equipment been continuously covered with no lapse?  Yes  No

Is the area where the equipment stored fenced?  Yes  No

Is the area lighted?  Yes  No

Is the equipment disengaged while not in use?  Yes  No

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.