

Agency Name:
Contact:
Address:
Email:
Phone:
Fax:

Machinery or Equipment Supplemental Application

TO BE USED WITH FULLY COMPLETED APPLICABLE ACORD APPLICATION OR EQUIVALENT

All questions must be answered in full. If necessary, attach a separate sheet of paper with complete details

All Applications must be signed and dated by the applicant

APPLICANT'S NAME AND MAILING ADDRESS	AGENT / PRODUCER INFORMATION
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
BUSINESS NAME OR TRADING NAME: <hr/>	APPLICANT'S PHONE NUMBER: <hr/>
	APPLICANT'S WEB ADDRESS: <hr/>
APPLICANT IS: <input type="checkbox"/> INDIVIDUAL (INCLUDE DATE OF BIRTH): <hr/>	
<input type="checkbox"/> PARTNERSHIP (INCLUDE DATES OF BIRTH): <hr/>	

OPERATIONS

1. Indicate percentage of operations performed:
In Shop: % Off Site/Mobile: %
2. Does the applicant maintain an ongoing service/maintenance agreement with any client? ☐ Yes ☐ No
If yes, provide top 5 clients and general description of work performed:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

3. Does the applicant have any other operations for which coverage is not requested: (Detail any yes response) ☐ Yes ☐ No

Name of insurance carrier:

4. Does the applicant act as a manufacturer's representative, or dealer for machinery or equipment for which they *do not take* title or possession? (Detail any yes response) : ☐ Yes ☐ No

Provide manufacturer(s) name(s) (attach any brochures or provide web URL):

Is the applicant insured as a vendor on the manufacturers' policy? ☐ Yes ☐ No

Is the applicant required to list them as an additional insured by:

Contract: ☐ Yes ☐ No

Endorsement: ☐ Yes ☐ No

5. Indicate past, present or discontinued services or operations for any of the following Machinery or Equipment and estimated:

%: Percent of Total Operations – **Payroll** – Performed By Applicant's Own Employees – **Cost** – Amount paid to Subcontractors

Description Of Work % Of Operations	%	Annual Payroll	Annual Cost	Description Of Work % Of Operations	%	Annual Payroll	Annual Cost
<input type="checkbox"/> ATM	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Lawn & Garden	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Aircraft Or Aerospace	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Logging/Lumbering	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Amusement Devices/Ride	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Medical	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Automobile Bus Or Truck	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Mining - Underground	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Boat Lifts	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Mining - Above Ground	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Boilers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Nuclear Power Plant	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Bottling Plant	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Pipeline-Gasoline/Oil	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Caissons	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Pipeline-Natural Gas/LPG	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Chemical/ Petrochemical	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Playground	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Contractors Equipment	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Pollution Control	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Conveyor Equipment	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Pool Lifts/ Hoists	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Cranes	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Pressure Vessels/Tanks	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Electrical Control Panels	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Printing Press	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Electric Power Generating	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Production Line	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Elevators/Escalators	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Public Utilities	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Exercise/Fitness	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Railroad	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Farm Type*	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Recreational Vehicles	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Forklifts – Class: <input type="text"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Refineries	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Garage/Auto Repair	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Robotics	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Gas/Oil/ LPG	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Safety Guards	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Gasoline Pumps	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Sawmill	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Generators	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Textile Equipment	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Hydraulics or Hoists	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Tree Stands	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Lifting (Not Forklift)	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Trailers	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Industrial Valves/Pumps	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Watercraft, Boats/Ships	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Ladders Or Scaffolding	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Waste Treatment all types	<input type="checkbox"/>	_____	_____
Other Not Described Above:					%	Annual Payroll	Annual Cost
<input type="checkbox"/>					<input type="checkbox"/>	_____	_____
<input type="checkbox"/>					<input type="checkbox"/>	_____	_____
<input type="checkbox"/>					<input type="checkbox"/>	_____	_____

*Farm Machinery or Equipment Complete Section Below – Percentage of work by **E**: Employee or **S**: Subcontractor or: ... ☐ N/A

	E%	S%		E%	S%
<input type="checkbox"/> Aerial Ag/Crop Dusting/ Spraying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Greenhouses	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anaerobic Waste Or Manure Lagoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hog Processing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aquaponics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hydroponic Or Vertical Farming Operations	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Automated Milking Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Irrigation <input type="checkbox"/> flood <input type="checkbox"/> sprinkler <input type="checkbox"/> drip/micro	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carousel/Rotary Milking Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Logging Equipment/Cable/Yarding Systems	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Drying/Curing Trailers Or Containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Material Handling Including Grain Augers	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Feed/Grain/Seed Processing Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pollution Control	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Feed Milling Or Grinding Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Poultry Processing Equipment Or Lines	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Freezing Or Dehydrating Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pressure Vessels/Pipes Including Steam	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grain Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Slaughter Houses/Rendering/Tallow Plants	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grain Silos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Threshers	<input type="checkbox"/>	<input type="checkbox"/>

6. ... Will the applicant: ☐ Yes ☐ No
Inspect equipment to ensure OEM safety guards are in place prior to beginning work? ☐ Yes ☐ No
Fabricate custom parts to replace obsolete equipment? ☐ Yes ☐ No
Subcontract fabrication of obsolete parts to others? ☐ Yes ☐ No
Modify equipment to operate in a manner other than as it was originally intended? ☐ Yes ☐ No
Repair equipment where the owner removed/disabled OEM safety guards or parts? (explain below) ☐ Yes ☐ No
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7. ... If the applicant subcontracts work to others complete the section below (or): ☐ N/A

Total cost paid to subcontractors: _____

Minimum limits of insurance required: _____

- Are certificates of insurance obtained?: ☐ Yes ☐ No
Is applicant named as an additional insured on all subcontractors' policies? ☐ Yes ☐ No
Do subcontractors provide hold harmless agreements in favor of the applicant? ☐ Yes ☐ No
8. ... Do any services or operations involve welding? ☐ Yes ☐ No
If yes, are all welders certified by AWS or ASME? ☐ Yes ☐ No
If no, is work inspected and approved by someone who is certified by AWS or ASME? (if no explain below) ☐ Yes ☐ No
-

Describe precautions are taken for fire prevention during welding or cutting:

9. Does the applicant perform Nondestructive/Thermographic testing of parts? ☐ Yes ☐ No

10. Does the applicant use cranes or lift equipment (other than forklifts)? ☐ Yes ☐ No

Operated by: ☐ Employee ☐ Subcontractor

Provide description of unit including manufacturer and tonnage

Maximum working height: _____

Maximum boom length: _____

- Does work include dual lifts? ☐ Yes ☐ No

Spotter/oiler duties conducted by: ☐ Employee ☐ Customers' employee ☐ Subcontractor

11. Does the applicant permit customers employees to assist in any maintenance service or repair work? ☐ Yes ☐ No

12. Does the applicant perform rigging services other than during work performed for their customers? ☐ Yes ☐ No

Estimated annual gross sales for this operation: _____

Estimated annual payroll: _____

13. Does the applicant operate any mobile equipment (including transporting farm machinery) over public highways, streets, roads, or FM roads: ☐ Yes ☐ No

Average distance traveled on public roads: _____

Any operators under the age of 18? (If yes, additional information will be required)? ☐ Yes ☐ No

Are any vehicles operated before daylight, or after sunset? ☐ Yes ☐ No

Are all units equipped with reflective markers, lights and similar safety equipment? ☐ Yes ☐ No

Is a pilot or escort vehicle used when operating in low visibility, traveling after dusk, or towing oversized implements or equipment? ☐ Yes ☐ No

Any prior accidents involving any vehicle, tractor, or other mobile equipment? (if yes explain below) ☐ Yes ☐ No

STAFF TRAINING AND EXPERIENCE

1. Are employees certified or trained under an apprenticeship or trade school? (Detail any no response): ☐ Yes ☐ No
2. Do you offer an apprenticeship program for those who are not? ☐ Yes ☐ No
3. Are all employees at least 18 years of age? ☐ Yes ☐ No
4. How often are safety meetings conducted:
5. Does applicant
Lease employees? ☐ Yes ☐ No
Use casual labor for any operations or at any jobsite? ☐ Yes ☐ No
6. Does applicant maintain Workers' Compensation coverage? ☐ Yes ☐ No
Does Workers' Compensation Coverage extend to leased or casual workers? ☐ Yes ☐ No

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

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.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Producer's Signature

Date

Applicant's Signature

Date