



EQUIPMENT BREAKDOWN COVERAGE APPLICATION

| | | | | |
|--------------|-------------------------|--------------------------|-------------------|-----------------------------------|
| CURRENT DATE | PROPOSED EFFECTIVE DATE | PROPOSED EXPIRATION DATE | DATE QUOTE NEEDED | POLICY NUMBER <i>(if renewal)</i> |
|--------------|-------------------------|--------------------------|-------------------|-----------------------------------|

INSURED INFORMATION

| | | | | |
|--|--------------------------|--|-------|----------|
| NAMED INSURED | WEBSITE | DESCRIPTION OF OPERATION / NUMBER OF YEARS IN BUSINESS | | |
| INSURED MAILING ADDRESS <i>(No., Street)</i> | | CITY | STATE | ZIP CODE |
| CONTACT NAME | CONTACT TELEPHONE NUMBER | | | |

5 YEAR LOSS HISTORY *(Attach details)* If "None" select here **Yes** **No**

1. Has any equipment breakdown loss in the last 5 years exceeded \$10,000?
2. In the past 3 years: Any policies cancelled or non-renewed?
3. Any active bankruptcies?

AGENT / BROKER INFORMATION

| | | | | |
|--|------------------|---------------|-------|----------|
| NAME | TELEPHONE NUMBER | EMAIL ADDRESS | | |
| AGENT MAILING ADDRESS <i>(No., Street)</i> | | CITY | STATE | ZIP CODE |

CURRENT COVERAGE INFORMATION

| | | |
|-----------------|-----------------------|--------------------------|
| CURRENT CARRIER | CURRENT PREMIUM \$ | CURRENT DEDUCTIBLE \$ |
|-----------------|-----------------------|--------------------------|

ADDITIONAL COVERAGE INFORMATION

LOCATION INFORMATION – *(If more than 3 locations please attach additional sheet)*

| | | | | |
|--|--|---------------------------------------|---|----------|
| LOCATION #1 | | | | |
| LOCATION NAME | | | | |
| STREET ADDRESS <i>(No., Street)</i> | | CITY | STATE | ZIP CODE |
| CLASS OF BUSINESS | | SIZE OF LOCATION <i>(sq. ft.)</i> | YEAR BUILT | |
| BOILER/PRESSURE VESSEL Yes No | PERISHABLE GOODS Yes No | OWN FACILITY? Yes No | Does this location generate greater than 25kw of electricity <i>(not including emergency backup devices)</i> ? If "Yes" select here | |

| | | | | |
|--|--|---------------------------------------|---|----------|
| LOCATION #2 | | | | |
| LOCATION NAME | | | | |
| STREET ADDRESS <i>(No., Street)</i> | | CITY | STATE | ZIP CODE |
| CLASS OF BUSINESS | | SIZE OF LOCATION <i>(sq. ft.)</i> | YEAR BUILT | |
| BOILER/PRESSURE VESSEL Yes No | PERISHABLE GOODS Yes No | OWN FACILITY? Yes No | Does this location generate greater than 25kw of electricity <i>(not including emergency backup devices)</i> ? If "Yes" select here | |

| | | | | |
|--|--|---------------------------------------|---|----------|
| LOCATION #3 | | | | |
| LOCATION NAME | | | | |
| STREET ADDRESS <i>(No., Street)</i> | | CITY | STATE | ZIP CODE |
| CLASS OF BUSINESS | | SIZE OF LOCATION <i>(sq. ft.)</i> | YEAR BUILT | |
| BOILER/PRESSURE VESSEL Yes No | PERISHABLE GOODS Yes No | OWN FACILITY? Yes No | Does this location generate greater than 25kw of electricity <i>(not including emergency backup devices)</i> ? If "Yes" select here | |

| LOCATION VALUES | LOCATION #1 | LOCATION #2 | LOCATION #3 |
|------------------------------|-------------|-------------|-------------|
| Coinsurance Percent | % | % | % |
| Building Value | \$ | \$ | \$ |
| Contents | | | |
| Machinery & Equipment | \$ | \$ | \$ |
| Stock – Non Perishable Goods | \$ | \$ | \$ |
| Perishable Goods | \$ | \$ | \$ |
| Other | \$ | \$ | \$ |
| Business Income | \$ | \$ | \$ |
| Extra Expense | \$ | \$ | \$ |
| Ordinary Payroll | \$ | \$ | \$ |
| Rental Income | \$ | \$ | \$ |
| Total Insured Value | \$ | \$ | \$ |

Upon binding the coverage, please provide us with information regarding any additional interests, such as mortgagees, loss payees, etc. to be included on the policy.

ADDITIONAL COMMENTS

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain answers to questions on this application. He/she represents that the answers are true and correct and complete to the best of his/her knowledge.

| | |
|---|-------------|
| APPLICANT'S OR APPLICANT'S REPRESENTATIVE'S SIGNATURE | DATE SIGNED |
|---|-------------|

Please note that it is a crime in most states to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.
[State Notices](#)