



**APPLICANT INFORMATION**

Applicant

Agency Name

**LOCATION and BUILDING INFORMATION**

Loc#	Bldg #	Bldg Const	Year Built	# Stories	Sprinkler (% of bldg)	Age of Electrical	Age of Plumbing
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Earthquake & Volcanic Eruption is to be  Covered OR  Excluded

If to be covered, list any / all Loc #s / Bldg #s

That had prior Earthquake/Volcanic damage

That have had a Seismic Retrofit

**OPERATIONS DETAIL**

Annual Gross Sales:	Equipment & Accessories	Service Work	Other (describe)
Actual past 12 months	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Estimated next 12 months	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Describe Stock:

Estimated % for Type of Equipment and New vs. Used; In building vs. Outside

(fenced & gate locked when not open for business ?)

Loc#	Bldg #	Const Equip %	Ag Equip %	New %	Used %	In %	Out %	Fenced / Locked	
								Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**PREMISES PROTECTION (No or if Yes, Local or Central Alarm System monitoring)**

Loc#	Bldg #	Watchman	Security Cameras		Sprinklers	Fire (smoke/heat)	Burglar
			Local	Central			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**LIMITS OF INSURANCE & DEDUCTIBLE**

Loc#	Bldg #	Limit of Insurance	
		Inside	Outside
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

At any Unspecified Location \$

At a Newly Acquired Location \$

While in Transit \$

All Covered Property at all Locations \$

Deductible  \$1,000;  \$2,500;  \$5,000;  \$10,000;  \$

Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.

**LIMITS OF INSURANCE & DEDUCTIBLE CONT**

IF REPORTING POLICY DESIRED COMPLETE THE FOLLOWING:

Loc#	Bldg #	Highest Inventory exact value	Date	Average value of others' property *
		\$		\$
		\$		\$
		\$		\$
		\$		\$
Not at your premises		\$		\$

\* (Don't include value of equipment rented from others, if any.)

**OPTIONAL COVERAGES**

To request coverage  and enter \$ Limit.

1. Additionally Covered Property Endorsement

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> a. Furniture Fixtures & Office Supplies | Limit of Insurance |
| <input type="checkbox"/> b. Machinery, Tools and Fittings        | \$ _____           |
| <input type="checkbox"/> c. Patterns & Dies                      | \$ _____           |
| <input type="checkbox"/> d. Improvements & Betterments           | \$ _____           |

2. Plus Endorsement Optional Coverages

- |  |                    |
|--|--------------------|
| a. <b>Removal Expense</b> coverage (to protect property)<br>(Included when other coverage below is provided) | Limit of Insurance |
| <input type="checkbox"/> b. <b>Conversion / False Pretense Coverage</b>                                      | \$ 50,000          |

Describe your procedure for verifying customers' identification for sales and rentals prior to release of the equipment (e.g. finger print, drivers license/photo ID photocopied, photograph taken; telephone employer; etc.)

\_\_\_\_\_

\_\_\_\_\_

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> c. <b>Equipment Leased or Rented to Others</b><br>(contingent) without operator | Limit of Insurance |
|  | \$ _____           |

**Attach a copy of your rental/lease agreement (front & back)**

On items valued over \$50,000, do you require evidence of insurance prior to release of the equipment to the lessee?  Yes  No

\$ \_\_\_\_\_ Is the average amount out on lease/rental at any one time;

\$ \_\_\_\_\_ is the most out on lease/rental at any one time.

**Equipment used in your Contracting Operations (if any):**

- |  |  |
|--|--|
| <input type="checkbox"/> d. <b>Owned Equipment</b> (and/or under long term lease to you) used in your contracting operations |  |
| Total Amount (at 100% of Actual Cash Value)  | \$ _____   |
| <b>Attach current schedule of values for this equipment</b><br>(you may blanket items valued at less than \$1,000 each)      |  |
| Is this equipment held for sale and included in the inventory amount shown above in Operations Detail?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- |   |          |
|---|----------|
| <input type="checkbox"/> e. <b>Rental Expense</b> of substitute equipment |          |
| Any one day   | \$ _____ |
| Any one policy year   | \$ _____ |

- |  |          |
|--|----------|
| <input type="checkbox"/> f. <b>Equipment Leased or Rented</b> from others  |          |
| Any one physical loss  | \$ _____ |
| Continuing Rental Expense, any one occurrence  | \$ _____ |
| <b>The total annual expenditure for rented equipment</b><br>(excluding equipment under lease of 12 months or longer) |          |
| \$ _____ Actual for the last 12 months (exactly)   |          |
| \$ _____ Estimated for the next 12 months  |          |
| What % was for Cranes  | _____ %  |
| vs. All other equipment  | _____ %  |

COMMENTS: (Include information about any loss activity not included in ACORD 125)

\_\_\_\_\_

\_\_\_\_\_

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_ **Producer** \_\_\_\_\_

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