



**MACHINERY AND EQUIPMENT SUPPLEMENTAL APPLICATION**

(Complete in addition to the ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Annual Employee Payroll:** .....\$ \_\_\_\_\_
2. **Number of Active Owners/Officers:** .....
3. **Annual Receipts:** .....\$ \_\_\_\_\_
4. **Annual Subcontractors Cost:**.....\$ \_\_\_\_\_
5. **How many years in business?** ..... Years  
 How many years of experience? ..... Years
6. **Specify the last five projects (or top five clients, if new venture) with the client/industries being served and specific types of machinery being serviced:**
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
7. **Are all service technicians factory certified or trained under an apprenticeship or trade school?**  Yes  No  
 If no, describe: \_\_\_\_\_  
 \_\_\_\_\_
8. **Percentage of operations performed:**  
 In Shop \_\_\_\_\_% Off-Site/Mobile \_\_\_\_\_% Off-Shore \_\_\_\_\_% Installation Operations \_\_\_\_\_%  
 Describe off-site operations: \_\_\_\_\_  
 \_\_\_\_\_

**9. Indicate any past, present or discontinued services in any of the following:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Aircraft or aerospace applications/unmanned aircraft | <input type="checkbox"/> Feed mills                                       | <input type="checkbox"/> Pipeline work involving gas/natural gas/oil/LPG |
| <input type="checkbox"/> Amusement devices (mechanical)                       | <input type="checkbox"/> Forklifts  | <input type="checkbox"/> Playground equipment                            |
| <input type="checkbox"/> ATM equipment  | <input type="checkbox"/> Garage or auto repair equipment                  | <input type="checkbox"/> Pollution control                               |
| <input type="checkbox"/> ATVs/UTVs  | <input type="checkbox"/> Gas/natural gas/oil/LPG production               | <input type="checkbox"/> Poultry equipment                               |
| <input type="checkbox"/> Boat lifts   | <input type="checkbox"/> Gasoline pump equipment                          | <input type="checkbox"/> Pressure vessels/tanks/boilers                  |
| <input type="checkbox"/> Bottling plant equipment                             | <input type="checkbox"/> Generators                                       | <input type="checkbox"/> Printing press equipment                        |
| <input type="checkbox"/> Caissons   | <input type="checkbox"/> Grain elevators/silos/bins                       | <input type="checkbox"/> Railroad equipment                              |
| <input type="checkbox"/> Chemical industry equipment                          | <input type="checkbox"/> Hog equipment                                    | <input type="checkbox"/> Rigging equipment                               |
| <input type="checkbox"/> Contractors equipment                                | <input type="checkbox"/> Hydraulics or hoists                             | <input type="checkbox"/> Robotics  |
| <input type="checkbox"/> Conveyors equipment                                  | <input type="checkbox"/> Industrial valves or pumps                       | <input type="checkbox"/> Safety guards or equipment                      |
| <input type="checkbox"/> Cotton pickers                                       | <input type="checkbox"/> Ladders or lift equipment (other than forklifts) | <input type="checkbox"/> Sawmill equipment                               |
| <input type="checkbox"/> Cranes (length of boom _____ ft.)                    | <input type="checkbox"/> Lawn and garden equipment                        | <input type="checkbox"/> Textile equipment                               |
| <input type="checkbox"/> Electrical power generating equipment                | <input type="checkbox"/> Logging/lumbering equipment                      | <input type="checkbox"/> Tree stands                                     |
| <input type="checkbox"/> Elevators/escalators/moving sidewalks                | <input type="checkbox"/> Medical equipment                                | <input type="checkbox"/> Watercraft, boats or ships                      |
| <input type="checkbox"/> Exercise and fitness equipment                       | <input type="checkbox"/> Military equipment                               | <input type="checkbox"/> Wood chippers                                   |
| <input type="checkbox"/> Farm machinery                                       | <input type="checkbox"/> Mining equipment                                 | <input type="checkbox"/> Other (describe): _____                         |
|   | <input type="checkbox"/> Nuclear power plant equipment                    | _____  |

**If any of the above categories are checked, describe in more detail client industries being served and specific type of equipment:** \_\_\_\_\_

**10. Is applicant involved in rigging operations?** .....  Yes  No  
 If yes, provide gross sales: \_\_\_\_\_

**11. Does applicant install new equipment in factories?** .....  Yes  No  
 If yes, how many years of experience: \_\_\_\_\_

**12. Is applicant involved in the manufacturing, sales, service or repair of 3D printers?** .....  Yes  No

**13. Does applicant perform any computer design, programming or consulting services?** .....  Yes  No  
 If yes, describe with the percentage of operations declared: \_\_\_\_\_

**14. Does applicant fabricate or machine any equipment or component parts?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_

**15. Does applicant act as a machinery dealer or wholesaler?** .....  Yes  No  
 If yes, provide detail with annual sales declared: \_\_\_\_\_

**16. Does applicant have a written quality control program in place?** .....  Yes  No

17. Does applicant subcontract work to others? .....  Yes  No  
 If yes:  
 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
18. **Hold-Harmless Agreements:**  
 Does applicant use a standard client contract, which outlines the specific responsibilities of the applicant? .....  Yes  No  
 Do others hold applicant harmless? .....  Yes  No  
 Does applicant agree to hold any third party harmless?.....  Yes  No  
 Does applicant assume, by contract or verbally, responsibility for any injury or damage that may occur? .....  Yes  No
19. Does applicant have Workers' Compensation coverage in force? .....  Yes  No  
 Does applicant lease employees?.....  Yes  No
20. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....  Yes  No  
 If yes, describe: \_\_\_\_\_
21. Does applicant have any other business ventures for which coverage is not requested?.....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**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.