



(Complete in addition to ACORD Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

1. Annual Employee Payroll: \$ _____

2. Number of Active Owners/Officers: _____

3. Annual Receipts: \$ _____

4. Annual Subcontractors Cost: \$ _____

5. Please 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. _____

6. Do you have any past, present or discontinued services in any of the following?

<input type="checkbox"/> ATM equipment	<input type="checkbox"/> Gasoline pump equipment	<input type="checkbox"/> Nuclear power plant equipment
<input type="checkbox"/> Aircraft or aerospace applications	<input type="checkbox"/> Gas or oil production	<input type="checkbox"/> Pipeline work involving LPG, natural gas or oil
<input type="checkbox"/> Amusement devices (mechanical)	<input type="checkbox"/> Grain elevators/feed mills	<input type="checkbox"/> Playground equipment
<input type="checkbox"/> Chemical industry equipment	<input type="checkbox"/> Generators	<input type="checkbox"/> Pollution control
<input type="checkbox"/> Construction & earth machinery	<input type="checkbox"/> Hog or poultry equipment	<input type="checkbox"/> Pressure vessels, containers or boilers
<input type="checkbox"/> Conveyors	<input type="checkbox"/> Hydraulics or hoists	<input type="checkbox"/> Railroad equipment
<input type="checkbox"/> Cranes	<input type="checkbox"/> Industrial valves or pumps	<input type="checkbox"/> Safety guards or equipment
<input type="checkbox"/> Electrical power generating equipment	<input type="checkbox"/> Ladders or lift equipment	<input type="checkbox"/> Sawmill equipment

6. Do you have any past, present or discontinued services in any of the following (continue)?

<input type="checkbox"/> Elevators or escalators	<input type="checkbox"/> Lawn & garden equipment	<input type="checkbox"/> Textile equipment
<input type="checkbox"/> Exercise & fitness equipment	<input type="checkbox"/> Logging equipment	<input type="checkbox"/> Tree stands
<input type="checkbox"/> Farm machinery	<input type="checkbox"/> Medical equipment	<input type="checkbox"/> Watercraft, boats or ships
<input type="checkbox"/> Forklifts	<input type="checkbox"/> Military equipment	<input type="checkbox"/> Other, please detail:
<input type="checkbox"/> Garage or auto repair equipment	<input type="checkbox"/> Mining equipment	

If any of the above categories are checked, please describe in more detail: _____

7. Are all service workers factory certified or trained under an apprenticeship or trade school? Yes No

If no, please describe: _____

8. Percentage of operations performed:

In Shop _____% Off Site/Mobile _____% Off Shore _____% Installation Operations _____%

Describe off-site operations: _____

9. Do you follow and apply the manufacturer's specification and replacement parts? Yes No

If no, explain: _____

10. Do you perform any computer design, programming or consulting services? Yes No

If yes, describe with the percentage of operations declared: _____

11. Do you fabricate or machine any equipment or component parts? Yes No

If yes, explain: _____

12. Do you act as a machinery dealer or wholesaler? Yes No

If yes, please detail with annual sales declared: _____

13. Does the applicant have a written quality control program in place? Yes No

14. Does the applicant subcontract work to others? Yes No

If yes, are certificates of insurance obtained? Yes No

15. Hold-Harmless Agreements:

Does the 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

16. Does applicant have Workers' Compensation coverage in force? Yes No

Does applicant lease employees? Yes No

17. How many years in business? _____ Years

Please list three year prior carrier and loss information: _____

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 Nebraska, Oregon and Vermont.**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

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

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

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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

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.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable in Florida Agents Only)

IOWA LICENSED AGENT: _____ AGENT LICENSE NUMBER: _____

CONTACT NAME AND TELEPHONE NUMBER OF INDIVIDUAL FOR INSPECTION/AUDIT: _____
