



MACHINERY OR EQUIPMENT – INSTALLATION, SERVICING OR REPAIR SUPPLEMENTAL

(Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Number of years' experience:

2. Are you licensed? Yes No

3. Commercial: %	Industrial: %	Residential: %
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4. List all equipment installed, serviced, repaired or erected:

5. Provide details of shop operations:

6. Provide details of operations off premises:

7. Do you perform any welding? Yes No If yes, ____%
If more than 10%, complete Welding, Brazing and Cutting Supplement, S2908-CG.

8. Do you perform work on any of the following:	Yes	No
a. Underground mining equipment	<input type="checkbox"/>	<input type="checkbox"/>
b. Installation or work on playground equipment, waterslides, etc.	<input type="checkbox"/>	<input type="checkbox"/>
c. Oil and gas equipment, well and drilling equipment, or over-the-hole work	<input type="checkbox"/>	<input type="checkbox"/>
d. Trash compactors and balers	<input type="checkbox"/>	<input type="checkbox"/>
e. Petroleum refineries	<input type="checkbox"/>	<input type="checkbox"/>
f. Chemical facilities	<input type="checkbox"/>	<input type="checkbox"/>
g. Grain elevators	<input type="checkbox"/>	<input type="checkbox"/>
h. Rigging – not ship or boat	<input type="checkbox"/>	<input type="checkbox"/>
i. Hydraulic lifts used for auto repair	<input type="checkbox"/>	<input type="checkbox"/>
j. Agriculture or farm equipment installation, service or repair	<input type="checkbox"/>	<input type="checkbox"/>
k. Grinders, wood chippers, drilling equipment, saws, logging equipment	<input type="checkbox"/>	<input type="checkbox"/>
l. Medical-related equipment installation or repair	<input type="checkbox"/>	<input type="checkbox"/>
m. Conveyors	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you sell any equipment? Yes No
If yes, indicate percentage of your operation: ____%
List used equipment sold:

10. Provide 3 largest jobs performed in the past 12 months:

Description	Cost
	\$
	\$
	\$

SUBCONTRACTORS and/or INDEPENDENT CONTRACTORS N/A

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you require contractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you utilize a standardized contract with all of your contractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you require contractors to: | | |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Keep records? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Total cost of work contracted: \$ | | |
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**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address
