



MACHINERY & EQUIPMENT SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD Application)

Applicant's Name: _____

Location Address: _____

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

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

10. Does applicant install new equipment in factories? Yes No

If yes, how many years of experience: _____

11. Does applicant perform any computer design, programming or consulting services? Yes No

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

12. Does applicant fabricate or machine any equipment or component parts? Yes No

If yes, explain: _____

13. Does applicant act as a machinery dealer or wholesaler? Yes No

If yes, provide detail with annual sales declared: _____

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

15. 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

16. 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

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

Does applicant lease employees? Yes No

18. 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: _____

19. Does applicant have any other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

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 to Oregon).**

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 of 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

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: _____



CREATIVE UNDERWRITERS CORPORATION
 140 EAST MAIN STREET, CARMEL, IN 46032
 1-800-769-4321 • Fax (317) 571-5767
 E-mail: P&C@CreativeUnderwriters.com

Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code	Interest	Part Occupied				
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:			Other carriers participating on risk:			
				1. _____ %			
				2. _____ %			

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expenses (any one person)	\$	\$
Other Coverages, Restrictions and/or Endorsements	\$	Total
Deductible	\$	\$

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/Comp. Ops.	Prem./Ops.	Products/Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US 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.

APPLICABLE IN THE STATE OF NEW YORK:

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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.

APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

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.