



GLOBAL INSURANCE BROKERAGE

MACHINERY & EQUIPMENT SUPPLEMENTAL APPLICATION

(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 5 projects (or top 5 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 equip.	<input type="checkbox"/> Ladders or lift equipment	<input type="checkbox"/> Sawmill equipment
<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	[] 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

Please describe if no: _____

8. Percentage of operations performed:

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

Describe off-site operations: _____

9. Do you follow & 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 % 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?: _____

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. Years in business with 3 year prior carrier & loss information? _____ years.

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.**

APPLICANT'S NAME AND TITLE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____

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