

INSURED INFORMATION

Location Name
Location Address

Existing Insurance Carrier (if applicable)
Existing Policy Expiration Date

GENERAL INFORMATION

What percentage (%) is under cover
What work will be performed on the equipment (if any):

Yes/ No

Is equipment stored according to the Manufacturer's Manual:

***IF YES, PLEASE ATTACH A COPY OF THE MANUAL**

What are the Natural Catrostophe perils associated with this location:

Earthquake
Flood
Windstorm

Details of what specific measures will be taken to protect the equipment against NatCAT perils listed above (if any):

Is there fire protection:

Yes / No

OUTSIDE RISK

Is the location fenced:

Is the location lighted: If not, please provide security details:

Does the location have 24/7 security:

BAILEES

Name of responsible warehousing company:

Are waivers of subrogation given?

FULL VALUED INVENTORY

***PLEASE ATTACH**

DECLARATION AND SIGNATURE

I have read the above Application. I declare that to the best of my knowledge the statements and information in this Application and any attachments thereto are true, accurate, and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in the Application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature for First Named Insured

Title:

Submitted by

Producer

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