



Blackmoor General Insurance Agency
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MACHINERY AND EQUIPMENT APPLICATION

SECTION I – GENERAL		
Name	Applicant	Producer
Address		
Telephone Number		
Website Address		
Proposed Policy Term From: To:		
Annual Income Last Year: \$ Estimated Current Year: \$		
Applicant's Business Nature Of: Number Of Years In Business:		
Contact For Inspection Name: Telephone Number: Email Address:		

SECTION II – GENERAL INFORMATION (Complete all that apply.)	
1.	What are the ages, types of construction and protection classes of the storage buildings?
2.	Is any of the machinery/equipment rented, leased or on loan from others? If so, explain:
3.	What method is used for keeping records of the machinery/equipment in storage, and how often are the records updated?
4.	What is the estimated highest value of machinery/equipment at any one time at one location?
5.	Where is the machinery/equipment generally operated?

SECTION II – GENERAL INFORMATION (Cont'd)

6. What is your procedure for transporting the machinery/equipment? What transit methods are used, and what protection is provided while in transit?
7. Are drivers' MVRs reviewed on a regular basis and maintained?
8. If this box is checked, the **Theft From Any Unattended Vehicle** Exclusion does not apply.

SECTION III – PROTECTION OF MACHINERY/EQUIPMENT

(Provide details for all that apply.)

1. Is guard or watchperson service employed where the machinery/equipment is located and/or stored?
2. Are recognized approved central station burglar alarms installed and maintained?
3. Are there any hazardous or flammable materials used or stored on the premises?
4. Are any of the premises or storage areas subject to flooding?
5. Is the building or any portion of the building equipped with a sprinkler system?
6. Are there fire doors and fire stops between the various storage areas within the building?
7. Is the storage building equipped with a recognized approved central station fire alarm system and fire extinguishers?
8. At the sites where the equipment is generally operated or stored:
- a. What is the Public Protection Class (PPC) rating?
 - b. Are there any private protection improvements?
 - c. What is the distance in feet to the nearest fire hydrant?
 - d. What is the distance in miles to the nearest responding fire department?
 - e. Are no-smoking rules clearly posted and enforced?
9. Are employees trained in fire prevention and their roles in the event of fire?
10. Is any machinery/equipment stored in basements or subbasements? If so, are these areas equipped with a water detection system?
11. Are emergency procedures and telephone numbers maintained and known to all employees?

**SECTION IV – DESCRIPTION OF MACHINERY AND EQUIPMENT,
LIMITS OF INSURANCE, DEDUCTIBLES AND COINSURANCE
(Or attach Schedule)**

1. Scheduled Machinery And Equipment:

Item No.	Description Of Machinery/Equipment				
	Manufacturer		Model		Serial Number
	Year Built	Cost New	Current Value	Limit Of Insurance	R/C Or ACV
	Description Of Machinery/Equipment				
	Manufacturer		Model		Serial Number
	Year Built	Cost New	Current Value	Limit Of Insurance	R/C Or ACV
	Description Of Machinery/Equipment				
	Manufacturer		Model		Serial Number
	Year Built	Cost New	Current Value	Limit Of Insurance	R/C Or ACV
	Description Of Machinery/Equipment				
	Manufacturer		Model		Serial Number
	Year Built	Cost New	Current Value	Limit Of Insurance	R/C Or ACV
2. All Covered Property In Any One Occurrence: \$					
3. Blanket Machinery And Equipment Consisting Of:					
	Limit Of Insurance		\$		
	Limit Per Item Per Any One Occurrence		\$		
4. Deductible(s)					
	Scheduled Property		\$		
	Blanket Property		\$		
5. Coinsurance (if applicable) Applying To 1.: %					

SECTION V – ADDITIONAL INFORMATION

Insurance companies during the last three years:

Provide information regarding the date, cause and amount of all losses during the last three years whether insured or uninsured:

List of any additional information attached with this application:

PLEASE COMPLETE SIGNATURE BLOCK ON LAST PAGE

FRAUD STATEMENT

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 STATEMENT TO ARKANSAS 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 STATEMENT 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS

WARNING: 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO HAWAII APPLICANTS

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

FRAUD STATEMENT TO IDAHO APPLICANTS

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FRAUD STATEMENT TO KENTUCKY APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO MINNESOTA APPLICANTS

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD STATEMENT TO NEW HAMPSHIRE APPLICANTS

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

FRAUD STATEMENT TO NEW JERSEY APPLICANTS

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FRAUD STATEMENT TO NEW MEXICO 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 civil fines and criminal penalties.

FRAUD STATEMENT TO NEW YORK APPLICANTS

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 STATEMENT 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.

FRAUD STATEMENT TO OKLAHOMA APPLICANTS

WARNING: 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.

FRAUD STATEMENT TO OREGON APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS

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.

FRAUD STATEMENT TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO WASHINGTON 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 include imprisonment, fines and denial of insurance benefits.

MACHINERY AND EQUIPMENT APPLICATION ACKNOWLEDGEMENT

Insured (Applicant):

Application Completed By (print name):

Signature:

Title:

Date: