

Basic Application

EQUIPMENT



Commerical Insurance Personal Insurance
PEO-Employee Leasing

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Basic EQUIPMENT Application

Business Name: _____

Address: _____

Phone: _____ Cell: _____

COVERED EQUIPMENT

YEAR/ MAKE/ MODEL	SERIAL NUMBER	STATED VALUE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

ADDITIONAL INTEREST (LOAN/ BANK)

NAME/ ADDRESS OF ADD'T INTEREST	EQUIPMENT # (reference above)
1.	
2.	
3.	
4.	
5.	

Do you rent equipment? _____

Annual Cost of Rented Equipment: _____

Average Cost of Rented Equip: _____

Current Insurance Company _____

Current Policy Number: _____ Expiration Date: _____

Current/ Requested Limits: _____

Any Losses within the last 5 years _____ (if yes, please attach detailed list)