AGENCY CUSTOMER ID: _____

COMMERCIAL INLAND MARINE SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED

SUMMARY INFORMATION

SCH #	LOC #	BLD #	CLASS CODE	SUBCLASS CODE	DESCRIPTION	SCH Y / N	NUM ITEMS	VALU-ATION	BLKT #	MAX ITEM VALUE	% COINS
1										$	%
2										$	%
3										$	%
4										$	%
5										$	%
6										$	%
7										$	%
8										$	%
9										$	%
10										$	%

COVERAGES / CAUSES OF LOSS

SCH #	POL LVL Y / N	COV CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	LIMIT	LIMIT APPLIES TO	DED	DED TYPE	OPT CODE	% COINS	PREMIUM
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$

EQUIPMENT STORAGE

LOC #	BLD #	NUM MOS	MAXIMUM VALUE INSIDE	MAXIMUM VALUE OUTSIDE	TYPE OF SECURITY
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	

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Attach to ACORD 125

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AGENCY CUSTOMER ID: _____

GENERAL INFORMATION - EQUIPMENT

EXPLAIN ALL "YES" RESPONSES	Y / N
1. EQUIPMENT RENTED, LOANED TO OTHERS WITH / WITHOUT OPERATORS?	
2. EQUIPMENT RENTED, LOANED FROM OTHERS WITH / WITHOUT OPERATORS?	
3. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	
4. PROPERTY USED UNDERGROUND?	
5. ANY WORK DONE AFLOAT?	

ADDITIONAL INTEREST ☐ ACORD 45 Attached

INTEREST
- ☐ LENDER'S LOSS PAYABLE
- ☐ LIENHOLDER
- ☐ LOSS PAYEE
- ☐

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL

INTEREST IN ITEM NUMBER
LOCATION: BUILDING:
SCHEDULE NUMBER:
ITEM NUMBER:
ITEM DESCRIPTION:

REFERENCE / LOAN #:
INTEREST END DATE:
LIEN AMOUNT:
PHONE (A/C, No, Ext):
REASON FOR INTEREST:
E-MAIL ADDRESS:

INTEREST
- ☐ LENDER'S LOSS PAYABLE
- ☐ LIENHOLDER
- ☐ LOSS PAYEE
- ☐

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL

INTEREST IN ITEM NUMBER
LOCATION: BUILDING:
SCHEDULE NUMBER:
ITEM NUMBER:
ITEM DESCRIPTION:

REFERENCE / LOAN #:
INTEREST END DATE:
LIEN AMOUNT:
PHONE (A/C, No, Ext):
REASON FOR INTEREST:
E-MAIL ADDRESS:

INTEREST
- ☐ LENDER'S LOSS PAYABLE
- ☐ LIENHOLDER
- ☐ LOSS PAYEE
- ☐

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL

INTEREST IN ITEM NUMBER
LOCATION: BUILDING:
SCHEDULE NUMBER:
ITEM NUMBER:
ITEM DESCRIPTION:

REFERENCE / LOAN #:
INTEREST END DATE:
LIEN AMOUNT:
PHONE (A/C, No, Ext):
REASON FOR INTEREST:
E-MAIL ADDRESS:

REMARKS

SCHEDULED ITEMS

AGENCY CUSTOMER ID: _____

SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
				$						%
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE		
								$		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
				$						%
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE		
								$		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
				$						%
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE		
								$		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
				$						%
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE		
								$		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
				$						%
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE		
								$		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
				$						%
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE		
								$		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
				$						%
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE		
								$		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
				$						%
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE		
								$		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
				$						%
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE		
								$		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
				$						%
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE		
								$		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
				$						%
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE		
								$		

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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 a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

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

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER