MAINE CONNECTICUT

Acadia Marine Contractors Equipment here for you. Application

AGENCY INFORM	MATION											
Agency Name:					Agency Code:							
Agency Address	Street:				City:				State	:	Zip:	
Producer	Name:				Phone:				Email:			
GENERAL INFOR	RMATION	N										
Insured Name:			D	Date:								
Mailing Address	Street:				City:				State:		Zip:	
Effective Date	From:				To:							
Individual	P	artnership	Corpora	ation			Joint Venture			Other		
If Other, please ex	plain:											
Yard Location	ard Location Street:				City:				State:		Zip:	
Inspection Contac	t	Name:		Phor	hone:			En	Email:			
JOBSITE SECUR	ITY											
What precautions do you use at your job sites to limit theft and vandalism losses?			F	Fencing								
and vandalism los	ses?			S	Site Lighting							
				٧	Watch Service							
What precautions do you use at your equipment yard to limit				nit F	Fencing							
theft and vandalism losses?			S	Site Lighting								
				W	Watch Service							
Is your equipment yard storage within 500 feet of or near a				ı v	Yes No							
		e (Zone A, B or V)?			protect equipment in the event of flood:							
if yes, please prov	ride detai	is of contingency p	lans in place	to pro	tect eq	uıpı	ment in the eve	nt ot	TIOOO:			
OPERATIONS												
	erations a	and States you con	duct busines	s in:								
·		•										
Years in Business under current management												
Do your operations involve the use of equipment while waterborne?					Yes		[No			
If yes, please exp	lain the f	requency of the op	erations and	what e	equipmo	ent	is used:					



OPERATIONS (continued)								
	ra without aparatara?	Voc		No.				
Is equipment leased to other	•	Yes		No .				
il yes, piease explain now of	ten, what type of equipment, a	and the annual revo	enues irom rentai	S.				
		ı						
Is equipment leased from ot	hers without operators?	Yes	Yes No					
	l cost to lease equipment last	\$						
year?								
LIMITS OF INSUIDANCE AN	ND DEDUCTIBLE OPTIONS							
Scheduled Owned Equipme								
	ude equipment leased for mo	re than \$						
	all items valued over \$5,000 ea	ach)						
Tools and Equipment used a	away from your Permanent nclude the total of all items va	lued \$						
under \$5,000)	rollida trio total of all florilo va	Ψ						
Limit per item for equipment		00	050.000					
\$25,000	\$100,0	\Box^{00} \Box \Box	250,000	Other				
Deductible	<u> </u>	1		-				
	2,500 \$5,000		10,000	\$25,000				
(Standard)								
DDIOD INCLIDANCE INFO	NATION .							
PRIOR INSURANCE INFOR								
Company	Policy Term		Limit	Premium				
		\$		\$				
		\$		\$				
		\$		\$				
, , ,	aid or reserved) in the last 5 ye	\$						
If yes, the following must be	completed:	\$ ears? Yes		\$ No				
If yes, the following must be		\$ ears? Yes	oss, amount, and	\$ No				
If yes, the following must be	completed:	\$ ears? Yes	oss, amount, and	\$ No				
If yes, the following must be	completed:	\$ ears? Yes	oss, amount, and	\$ No				
If yes, the following must be	completed:	\$ ears? Yes	oss, amount, and	\$ No				
If yes, the following must be List all the losses which occur	completed: urred within the past five years	\$ ears? Yes		\$ No cause):				
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