

Acadia Marine Contractors Equipment Application

here for you.

AGENCY INFORMATION

Agency Name:		Agency Code:		
Agency Address	Street:	City:	State:	Zip:
Producer Name				

GENERAL INFORMATION

Insured Name:		Date:		
Mailing Address	Street:	City:	State:	Zip:
Effective Date	From:	To:		
Individual	Partnership	Corporation	Joint Venture	Other
If Other, please explain:				
Yard Location	Street:	City:	State:	Zip:
Inspection Contact	Name:	Phone:	Email:	

JOBSITE SECURITY

What precautions do you use at your job sites to limit theft and vandalism losses?	Fencing	
	Site Lighting	
	Watch Service	
What precautions do you use at your equipment yard to limit theft and vandalism losses?	Fencing	
	Site Lighting	
	Watch Service	
Is your equipment yard storage within 500 feet of or near a Special Hazard Flood Zone (Zone A, B or V)?	Yes	No
If yes, please provide details of contingency plans in place to protect equipment in the event of flood:		

OPERATIONS

Description of Operations and States you conduct business in:		
Years in Business under current management		
Do your operations involve the use of equipment while waterborne?	Yes	No
If yes, please explain the frequency of the operations and what equipment is used:		

OPERATIONS (continued)		
Is equipment leased to others without operators?	Yes	No
If yes, please explain how often, what type of equipment, and the annual revenues from rentals:		
Is equipment leased from others without operators?	Yes	No
If yes, what was your annual cost to lease equipment last year?	\$	

LIMITS OF INSURANCE AND DEDUCTIBLE OPTIONS				
Scheduled Owned Equipment (Please attach schedule-include equipment leased for more than three months at a time and all items valued over \$5,000 each)		\$		
Tools and Equipment used away from your Permanent Yard/Maintenance Facility (Include the total of all items valued under \$5,000)		\$		
Limit per item for equipment you lease from others				
\$25,000	\$50,000	\$100,000	\$250,000	Other
Deductible				
\$1,000 (Standard)	\$2,500	\$5,000	\$10,000	\$25,000

PRIOR INSURANCE INFORMATION			
Company	Policy Term	Limit	Premium
		\$	\$
		\$	\$
		\$	\$
Have you had any losses (paid or reserved) in the last 5 years?	Yes		No
If yes, the following must be completed:			
List all the losses which occurred within the past five years (Include: date of loss, amount, and cause):			

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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.

Applicant's Signature: _____ Date: _____
 Producer Signature: _____ Producer Name (Please Print): _____

