



Taylor & Taylor Associates, Inc.  
Taylor & Taylor, Ltd.  
www.taylorinsurance.com

## APPLICATION FOR MISCELLANEOUS EQUIPMENT (RENTED &/OR OWNED)

- 1) Name of Applicant: \_\_\_\_\_
- 2) Business Address: \_\_\_\_\_
- 3) Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_
- 4) Effective Date Desired: \_\_\_\_\_
- 5) Check One: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC \_\_\_ Other \_\_\_\_\_
- 6) No. of years in Business: \_\_\_\_\_ Years at this location: \_\_\_\_\_
- 7) Building Construction: \_\_\_ Frame \_\_\_ Joisted Masonry \_\_\_ NonCombustible \_\_\_ Fire Resistive
- 8) Year Built: \_\_\_\_\_
- 9) Interest: \_\_\_ Owner/Occupant \_\_\_ Tenant
- 10) Square Footage Occupied: \_\_\_\_\_
- 11) Sprinklered: \_\_\_ Yes \_\_\_ No
- 12) Nature of Business \_\_\_\_\_
- 13) Total Value of Property - Rented \$ \_\_\_\_\_  
Owned\* \$ \_\_\_\_\_

\*Attach schedule with description, serial numbers and replacement cost value of each item

- 14 A) Address of Premises where property is kept when not in use (if different than above):  
\_\_\_\_\_

B) Type of Building: \_\_\_ Commercial \_\_\_ Residential \_\_\_ Office \_\_\_ Other \_\_\_\_\_

C) Type of Burglar Alarm (if any): \_\_\_ Central Station \_\_\_ Local

Name of Alarm Manufacturer: \_\_\_\_\_

D) Type of Fire Alarm (if any):  Central Station  Local

Name of Alarm Manufacturer: \_\_\_\_\_

E) Check all that apply:  Cylinder Lock  Deadbolt Lock  Sprinklered  Smoke Detectors  
 24 Hour Guard

15) Is equipment rented or leased to others:  Yes  No

16) Prior Insurance carrier (if any): \_\_\_\_\_

17) Has any form of insurance been cancelled/declined:  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

18) Any losses in last 3 years? ( ) Yes ( ) No If Yes, describe: \_\_\_\_\_

\_\_\_\_\_ (Attach separate sheet if needed)

19) Territory Required:  USA & Canada  Worldwide

20)  On Premises Only  On & Off Premises

### TRUTH OF STATEMENTS

The undersigned declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurance company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind insurance.

### FRAUD WARNING

Notice to all states including special notice to Arkansas, Colorado, Florida, Kentucky, Maine, Minnesota, New Jersey, New Mexico, New York, Ohio and 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, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may be subject to substantial civil fines and criminal penalties."

PRINT APPLICANT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_