



BOILER & MACHINERY SECTION 2002

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (FIRST NAMED INSURED)			POLICY NUMBER
	FAX (A/C, No):				
	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	
		DIRECT BILL			
		AGENCY BILL			
CODE:	SUB CODE:	INSPECTION CONTACT		INSPECTION CONTACT PHONE #	
AGENCY CUSTOMER ID		AGE OF OLDEST MACHINERY AND EQUIPMENT:			

PREMISES INFORMATION - PREMISES NO. _____ BUILDING NO. _____

	POLICY LIMIT	DEDUCTIBLE		POLICY LIMIT	DEDUCTIBLE
EQUIPMENT BREAKDOWN	\$ PD	\$	UTILITY / SERVICE INTERR	HOURS	
PRESSURE OR VACUUM EQUIPMENT	\$ PD	\$	NEWLY ACQUIRED PREMISES	DAYS	
MECHANICAL AND ELECTRICAL EQUIPMENT	\$ PD	\$	ORD OR LAW	\$	\$
PRODUCTION MACHINERY	\$ PD	\$	ERRORS AND OMISSIONS	\$	\$
DIAGNOSTIC EQUIPMENT	\$ PD	\$	BRANDS AND LABELS	\$	\$
EXPEDITING EXPENSE	\$	\$	CONTINGENT BUS INC / EXTRA EXPENSE	\$	\$
BUSINESS INCOME/ EXTRA EXPENSE	\$	\$	COVERED PREMISES	\$	\$
EXTRA EXPENSE ONLY	DAYS		SALES, SERVICE, MATERIALS	\$	\$
EXTENDED PERIOD OF RESTORATION	DAYS		DEMOLITION	\$	\$
DATA OR MEDIA	\$	\$	OFF PREMISES PROPERTY DAMAGE	\$	\$
SPOILAGE / PERISHABLE GOODS	\$	\$			

COVERAGE LIMITATIONS

CONDITIONS OR OPTIONAL COVERAGES

	LIMIT (If Applicable)		LIMIT (If Applicable)
AMMONIA CONTAMINATION		BUSINESS INCOME REPORT DATE	
CONSEQUENTIAL LOSS		BUSINESS INCOME ANNUAL VALUE	\$
HAZARDOUS SUBSTANCE		BUSINESS INCOME COINSURANCE PERCENTAGE	%
WATER DAMAGE		DIAGNOSTIC EQUIPMENT (INCLUDED OR EXCLUDED)	

REMARKS

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, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

ADDITIONAL INTERESTS

PREM #	NAME & ADDRESS	PREM #	NAME & ADDRESS
BLDG #		BLDG #	
CERT. REQ.? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST	CERT. REQ.? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST
PREM #	NAME & ADDRESS	PREM #	NAME & ADDRESS
BLDG #		BLDG #	
CERT. REQ.? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST	CERT. REQ.? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST

GENERAL INFORMATION

EXCEPT FOR Q. 4, EXPLAIN ALL "NO" RESPONSES IN REMARKS	YES	NO	EXCEPT FOR Q. 4, EXPLAIN ALL "NO" RESPONSES IN REMARKS	YES	NO
1. ARE EQUIPMENT MAINTENANCE, OVERHAUL, MONITORING, DISASSEMBLY AND REPAIR CONDUCTED ACCORDING TO MANUFACTURERS' INSTRUCTIONS?			4. ARE CHLOROFLUOROCARBON (CFC) REFRIGERANTS USED IN THE MACHINERY TO COOL ANY PART OF THE PREMISES OR PROCESS? IF "YES", EXPLAIN IN REMARKS.		
2. IS ALL EQUIPMENT ACCESSIBLE WITH RESPECT TO REPAIR OR REPLACEMENT?			5. IS ALL MACHINERY AND EQUIPMENT IN GOOD CONDITION?		
3. ARE ALL EQUIPMENT INSTRUMENTATION AND CONTROLS IN ACCORDANCE WITH MANUFACTURERS' SPECIFICATIONS?					

REMARKS