

HIGH TECHNOLOGY EQUIPMENT INSURANCE APPLICATION

Page One - To be completed by applicant

Applicant: _____ Date: _____

Mailing _____ Telephone: _____

Address: _____

Desired Effective Date of Insurance: _____ Term (1, 2 or 3 years): _____

Address of location of equipment, and description of facility and equipment use::

Is facility in a Tier One or Two Coastal County: _____

Years of Operation: _____ Annual Gross Revenue: _____

Provide COPE (Construction, Occupancy, Protection, Exposure) of location:

Schedule of Equipment to be Insured: Complete second page

Loss Experience:	# of Claims	Total Amount of Losses	Causes of Loss
Last 12 months:	_____	_____	_____
Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____

Previous Insurer: _____

I hereby certify that this application and its attachments are a good faith representation of the information requested.

(Name / Title)



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Page Two - To be completed by applicant

SCHEDULE OF EQUIPMENT

Make	Model Year	Model	Year Acquired	Insured Value	Mobile? *	Manufacturer Warranty?
Use:						
Use:						
Use:						
Use:						
Use:						
Use:						
Other Comments:						

* Mobile equipment is equipment which regularly leaves the applicant's premises, and can include equipment permanently installed in vehicles which travel from location to location.



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Page Three - Lender's Supplement

Applicant: _____

Lender: _____

Address: _____

Years You have known Customer: _____

Is applicant an existing or past customer?

If yes, in last 10 Years:

High Credit: _____

Average outstanding Credit: _____

Attach a copy of the applicant's credit report.

(Name / Title of Lender Official)

(Print Name/Title)

Telephone: _____

Email: _____

(Date Signed)