VISTA
INSURANCE PARTNERS

MEDICAL EQUIPMENT INSURANCE APPLICATION

Page One - To be completed by applicant

Applicant: ______________________________ Date: ______________

______________________________ Telephone: ______________

Email: ______________

Mailing Address: ______________________________

____

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

Address of location of equipment, and description of facility:

____

____

____

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

Years of Operation: ______ Annual Gross Revenue: ______________

If other than an accredited hospital, provide COPE (Construction, Occupancy, Protection, Exposure):

____

____

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)

Vista Insurance Partners of Illinois, Inc.
6 West Hubbard Street - 4th Floor - Chicago, Illinois 60610
Phone: (312) 276-2103 - Fax: (312)755-1390

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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?

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

MEDICAL EQUIPMENT INSURANCE APPLICATION

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)

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