



**DECOTIS**  
SPECIALTY INSURANCE

# MISCELLANEOUS PROPERTY APPLICATION FORM

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Location Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Policy Term: \_\_\_\_\_ to \_\_\_\_\_

Insured is: \_\_\_\_\_ Individual Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Joint Venture.

Description of Operations: \_\_\_\_\_

Territory of Operations: \_\_\_\_\_

Coverage/Deductible: \_\_\_\_\_

## EQUIPMENT STORAGE

## UNSCHEDULED EQUIPMENT

Max. Value in Building: \_\_\_\_\_

Description: \_\_\_\_\_

Max. Value Outside Building: \_\_\_\_\_

Max. per item: \_\_\_\_\_

Type of Security: \_\_\_\_\_

Max. per Occurrence: \_\_\_\_\_

Any waterborne exposure? Yes No

Any underground exposures? Yes  No

If yes, with operators? Yes  No

Limit Desired: \_\_\_\_\_

Is equipment rented, loaned from others to you? Yes  No

Total rental expenditures past 12 months: \_\_\_\_\_

Total expenditure anticipated next 12 months: \_\_\_\_\_

Limit Desired: \_\_\_\_\_

Is Applicant operating equipment not listed here:      Yes       No

How is equipment transported? (Own vehicles or common carrier?) \_\_\_\_\_

Location and construction of storage building(s), if any: \_\_\_\_\_

\_\_\_\_\_

Proportion of time stored: \_\_\_\_\_

Describe any repair operations: \_\_\_\_\_

Has any company cancelled, denied or declined to renew coverage? Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Present Carrier: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Rate: \_\_\_\_\_ Deductible: \_\_\_\_\_

Losses past 3 years: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.*

*The Applicant agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

