



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

