



## Machinery & Equipment Supplemental Application

COMPLETE IN ADDITION TO ACORD APPLICATIONS.  
ATTACH ADDITIONAL SHEETS AS NECESSARY.  
ANSWER ALL QUESTIONS. IF NOT APPLICABLE, INDICATE N/A

**APPLICANT INFORMATION:**

1. Name of Applicant: \_\_\_\_\_
2. Location Address: \_\_\_\_\_

**REQUIRED INFORMATION:**

1. Annual Payroll: \$ \_\_\_\_\_ Annual Receipts: \$ \_\_\_\_\_ Annual Subcontractors Cost: \$ \_\_\_\_\_

2. Types of operations performed by the applicant by percentage:

- Assemble parts manufactured by others: \_\_\_\_\_ %
- Make replacement parts/repair times or equipment \_\_\_\_\_ %
- Manufactured finished parts \_\_\_\_\_ %
- Manufacturing of parts other than to customer specifications \_\_\_\_\_ %
- Metal finishing (including electroplating, chemical coating & heat processing) \_\_\_\_\_ %
- Welding only \_\_\_\_\_ %
- Other – Please describe: \_\_\_\_\_ %

3. Percentage of operations performed:    In shop \_\_\_\_\_%    Off-site/Mobile \_\_\_\_\_%

Offshore \_\_\_\_\_%    Installation Operations \_\_\_\_\_%

Describe off-site operations: \_\_\_\_\_

4. Indicate if applicant's products are used in any of the following categories (check all that apply):

- |                         |            |                        |
|-------------------------|------------|------------------------|
| Aircraft or aerospace   | Gears      | Mining                 |
| Athletic                | Hoists     | Mold makers            |
| Automotive              | Hydraulic  | Motor vehicles         |
| Construction            | Industrial | Playground             |
| Conveyors               | Jacks      | Pressure vessels       |
| Dies                    | Jigs       | Pressurized containers |
| Elevators or escalators | Ladders    | Railroad               |
| Farm                    | Logging    | Safety                 |
| Firearms                | Lumbering  | Scaffolds              |
| Garage lifting devices  | Medical    | Shafts                 |
| Gas or oil              | Military   | Other:                 |



5. Does applicant use any warning labels on finished products? Yes No
6. Select the ways applicant tests their products:
- Applicant's Employees      Independent Test Laboratory      Applicant's customers, prior to acceptance
- Governmental Agency      Other: \_\_\_\_\_

7. Does applicant keep records of when each part/product was manufactured, who supplied the raw material, and to who it was sold? Yes No
- If yes, how many years of reports are maintained?      Less than 10 years      More than 10 years

8. List any discontinued products which may still be in use:

| Product Description | Annual Sales | Year Discontinued |
|---------------------|--------------|-------------------|
|                     | \$           |                   |
|                     | \$           |                   |

9. Does applicant import any finished products or component parts? Yes No  
If yes, please explain: \_\_\_\_\_
10. Is applicant participating in the research and development of any new product or planning any new products for sale in the next twelve (12) months? Yes No  
If yes, please explain: \_\_\_\_\_
11. Does applicant obtain vendor AI status from suppliers or manufacturers? Yes No
12. Does applicant have a written quality control program in place? Yes No
13. Does applicant subcontract work to others? Yes No  
If yes, describe type of work subcontracted: \_\_\_\_\_

**FRAUD WARNINGS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

**Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the



policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony. (In FL, a person is guilty of a felony of the third degree.)

**Applicable in Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Applicable in Maine, Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**REPRESENTATIONS**

Verus Specialty Insurance, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Specialty Insurance or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Specialty Insurance or the Company receives notice is on file with Verus Specialty Insurance and is considered physically attached to and part of the policy if issued. Verus Specialty Insurance and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Specialty Insurance, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**WARRANTY**

I/We warrant to Verus Specialty Insurance and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Specialty Insurance and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Specialty Insurance or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

|   |  |              |
|---|--|--------------|
| <b>Name of Applicant:</b>   |  |              |
| <b>Signature of person authorized to execute on behalf of the</b>                       |  | <b>Date:</b> |
| <b>Print Name and Title of person authorized to execute on behalf of the applicant:</b> |  |              |
| <b>Name and address of Broker:</b>  |  |              |

**A copy of this application should be retained for your records.**

California residents: Please see our **CCPA Notice of Collection of Personal Information** available at <https://www.berkley.com/privacy#californiaConsumerPrivacyPolicy>