



EQUIPMENT BREAKDOWN SECTION

DATE (MM/DD/YYYY)
 08/12/2024

AGENCY Agency Full Name		CARRIER Agency Career Name		NAIC CODE Agency
POLICY NUMBER Agency Policy Number	EFFECTIVE DATE 08/12/20-	APPLICANT / FIRST NAMED INSURED Robin W. Smith		NAIC Code
MODEL YEAR OF OLDEST EQUIPMENT: BoilerAn- 24				

PREMISES INFORMATION - PREMISES NO.		BUILDING NO.		POLICY LIMIT		DEDUCTIBLE	
EQUIPMENT BREAKDOWN	\$ 12,345.67	Info	Info	12,345	HOURS	\$12,345.67	
PRESSURE OR VACUUM EQUIPMENT	\$ 12,345.67	NEWLY ACQUIRED PREMISES		12,345	DAYS	\$12,345.67	
MECHANICAL AND ELECTRICAL EQUIPMENT	\$ 12,345.67	ORD OR LAW		\$ 12,345.67		\$ 12,345.67	
PRODUCTION MACHINERY	\$ 12,345.67	ERRORS AND OMISSIONS		\$ 12,345.67		\$ 12,345.67	
DIAGNOSTIC EQUIPMENT	\$ 12,345.67	BRANDS AND LABELS		\$ 12,345.67		\$ 12,345.67	
EXPEDITING EXPENSE	\$ 12,345.67	CONTINGENT BUS INC / EXTRA EXPENSE		\$ 12,345.67		\$ 12,345.67	
BUSINESS INCOME / EXTRA EXPENSE	\$ 12,345.67	COVERED PREMISES		\$ 12,345.67		\$ 12,345.67	
EXTRA EXPENSE ONLY	12,345	SALES, SERVICE, MATERIALS		\$ 12,345.67		\$ 12,345.67	
EXTENDED PERIOD OF RESTORATION	12,345	DEMOLITION		\$ 12,345.67		\$ 12,345.67	
DATA OR MEDIA	\$ 12,345.67	OFF PREMISES PROPERTY DAMAGE		\$ 12,345.67		\$ 12,345.67	
SPOILAGE / PERISHABLE GOODS	\$ 12,345.67	Premises Info		\$12,345.67		\$12,345.67	

COVERAGE LIMITATIONS		CONDITIONS OR OPTIONAL COVERAGES	
	LIMIT (If Applicable)		LIMIT (If Applicable)
AMMONIA CONTAMINATION	\$12,345.67	BUSINESS INCOME REPORT DATE	08/12/2024
CONSEQUENTIAL LOSS	\$12,345.67	BUSINESS INCOME ANNUAL VALUE	\$ 12,345.67
HAZARDOUS SUBSTANCE	\$12,345.67	BUSINESS INCOME COINSURANCE PERCENTAGE	50 %
WATER DAMAGE	\$12,345.67	DIAGNOSTIC EQUIPMENT (INCLUDED OR EXCLUDED)	Conditions or Optional
Coverage Limitations	\$12,345.67	Conditions or	Coverages Limit Diagnostic Equipment

ADDITIONAL INTEREST		Optional Coverages	
INTEREST	NAME AND ADDRESS (RANK)	EVIDENCE	CERTIFICATE
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Robin W. Smith		
<input type="checkbox"/> BREACH OF WARRANTY	123 Main St #234		
<input type="checkbox"/> CO-OWNER	San Francisco		
<input type="checkbox"/> EMPLOYEE AS LESSOR	CA 94106		
<input type="checkbox"/> LEASEBACK OWNER	REFERENCE / LOAN #: Additional		
<input type="checkbox"/> LENDER'S LOSS PAYABLE	LIEN AMOUNT: \$12,345.67		
Additional Interest 1	INTEREST END DATE: 08/12/2024		
Reason for Interest: Additional Interest 1	PHONE (A/C, No, Ext): (555) 444-3333		
Description	E-MAIL ADDRESS: testy@example.com		
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Robin W. Smith		
<input type="checkbox"/> BREACH OF WARRANTY	123 Main St #234		
<input type="checkbox"/> CO-OWNER	San Francisco		
<input type="checkbox"/> EMPLOYEE AS LESSOR	CA 94106		
<input type="checkbox"/> LEASEBACK OWNER	REFERENCE / LOAN #: Additional		
<input type="checkbox"/> LENDER'S LOSS PAYABLE	LIEN AMOUNT: \$12,345.67		
Additional Interest 1	INTEREST END DATE: 08/12/2024		
Reason for Interest: Additional Interest 1	PHONE (A/C, No, Ext): (555) 444-3333		
Description	E-MAIL ADDRESS: testy@example.com		

GENERAL INFORMATION

EXCEPT FOR Q. 4, EXPLAIN ALL "NO" RESPONSES		Y / N
1. ARE EQUIPMENT MAINTENANCE, OVERHAUL, MONITORING, DISASSEMBLY AND REPAIR CONDUCTED ACCORDING TO MANUFACTURERS' INSTRUCTIONS? General Info Equipment Maintenance and Repair Conducted		
2. IS ALL EQUIPMENT ACCESSIBLE WITH RESPECT TO REPAIR OR REPLACEMENT? General Info Equipment Accessible to Repair or Replacement		
3. ARE ALL EQUIPMENT INSTRUMENTATION AND CONTROLS IN ACCORDANCE WITH MANUFACTURERS' SPECIFICATIONS? General info Manufacturers Specifications		
4. ARE CHLOROFLUOROCARBON (CFC) REFRIGERANTS USED IN THE MACHINERY TO COOL ANY PART OF THE PREMISES OR PROCESS? IF "YES", EXPLAIN. General Info Chlorofluorocarbon Refrigerants		
5. IS ALL MACHINERY AND EQUIPMENT IN GOOD CONDITION? General Info Machinery and Equipment in Good Condition		

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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 FL and OK: 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 (of the third degree)*. *Applies in FL Only.

Applicable in KS: 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 KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Robin W. Smith	STATE PRODUCER LICENSE NO (Required in Florida) State Producer License Number
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER National Producer Number