

## BoilerExpress Application

Need by Date \_\_\_\_\_

Name of Insured \_\_\_\_\_ Proposed Effective Date \_\_\_\_\_

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

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

*(attach schedule if more than one location)*

Number of Boilers \_\_\_\_\_

Inspection Contact \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Nature of Business \_\_\_\_\_ Building Owner/Tenant (*circle one*)

# of stories \_\_\_\_\_ Age of buildings \_\_\_\_\_ Renovated: \_\_\_\_\_

100% Building Replacement Cost (per location) \_\_\_\_\_

100% Contents Replacement Cost (per location) \_\_\_\_\_

Annual Business Income Value(s) \_\_\_\_\_  Net  Gross

Limits Desired: Property Damage \_\_\_\_\_ Business Interruption \_\_\_\_\_

Boiler & Machinery Deductible  \$1000  \$2500  \$5000  Other \_\_\_\_\_

Any B&M losses in the last 5 years?  Yes (*if yes, attach details*)  No

***Please complete the following section if nature of business is Cold Storage or Manufacturing with Production Machinery***

<b>Cold Storage</b>	<b>Manufacturing w/ Production Machinery</b>
What is the maximum value in any one cooler at any one time? _____	Replacement cost of most expensive piece of equipment _____ Function _____ Age _____
Number of coolers _____	What percentage of product does particular machinery effect? _____%
Type of Product in Storage _____	Total machinery and equipment value _____
Spoilage limit desired? _____	Are there stamping/punch/forging presses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is coolant ammonia? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, largest tonnage _____
If Yes, Limit desired _____	<input type="checkbox"/> Hydraulic or <input type="checkbox"/> Mechanical
Peak Value _____ Months in operation _____	

*If additional space is required, please provide details on separate page*

Current Carrier \_\_\_\_\_ Pricing History \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Contact \_\_\_\_\_

Agency Code \_\_\_\_\_ Email \_\_\_\_\_ Agent State \_\_\_\_\_

Agency Phone # \_\_\_\_\_ Agency Fax # \_\_\_\_\_

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 .

Signature \_\_\_\_\_ Date \_\_\_\_\_