AGENCY CUSTOMER ID:
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# **COMMERCIAL INLAND MARINE SECTION**

AGENCY		CARRIER	NAIC CODE
		<del></del>	
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED	
SLIMMARY INFORMATION			

SCH #	LOC #	BLD #	CLASS CODE	SUBCLASS CODE	DESCRIPTION	SCH Y/N		VALU- ATION	BLKT #	MAX ITEM VALUE	% COINS
1										\$	%
2										\$	%
3										\$	%
4										\$	%
5										\$	%
6										\$	%
7										\$	%
8										\$	%
9										\$	%
10							•			\$	%

# COVERAGES / CAUSES OF LOSS

SCH	COV CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	LIMIT	LIMIT APPLIES TO	DED	DED TYPE	OPT CODE	% COINS	PREMIUM
			\$		\$					%	\$
			\$		\$					%	\$
			\$		\$					%	\$
			\$		\$					%	\$
			\$		\$					%	\$
			\$		\$					%	\$
			\$		\$					%	\$
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			\$		\$					%	\$
			\$		\$					%	\$
			\$		\$					%	\$
			\$		\$					%	\$
			\$		\$					%	\$
			\$		\$					%	\$
			\$		\$					%	\$
			\$		\$					%	\$
			\$		\$					%	\$
			\$		\$					%	\$

# FOLIDMENT STORAGE

LOC #	BLD #	NUM MOS	MAXIMUM VALUE INSIDE	MAXIMUM VALUE OUTSIDE	TYPE OF SECURITY
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

ACORD 152 (2015/06)

GENERAL INFORMATION	N - EQUIPME	ENT			AGENCY	CUSTOMER	R ID:				
EXPLAIN ALL "YES" RESPONSES										Υ/Ι	
EQUIPMENT RENTED, Li		THERS W	/ITH / WITHOU	JT OPERATOF	RS?						
2. EQUIPMENT RENTED, L	OANED FROM	I OTHERS	S WITH / WITH	OUT OPERA	TORS?						
3. IS APPLICANT OPERATII	NG EQUIPMEN	NT NOT L	ISTED HERE?	•							
4. PROPERTY USED UNDE	RGROUND?										
5. ANY WORK DONE AFLO	AT?										
ADDITIONAL INTEREST			D 45 Attache	ed							
INTEREST	NAME AND AD	DRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST	N ITEM NUMBER		
LENDER'S LOSS PAYABLE								LOCATION:	BUILDING:		
LIENHOLDER								SCHEDULE NUMBER:			
LOSS PAYEE								ITEM NUMBER:			
					T			ITEM DESCRIPTION:			
	REFERENCE / I				INTEREST END DAT			_			
	LIEN AMOUNT:	<u>:                                    </u>			PHONE (A/C, No, E)	(t):					
REASON FOR INTEREST:	NAME AND AD				E-MAIL ADDRESS:	POLICY	SEND BILL	INTERFECT	N ITEM NUMBER		
INTEREST  LENDER'S LOSS PAYABLE	NAME AND AD	DKESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	LOCATION:	BUILDING:		
LIENHOLDER								SCHEDULE NUMBER:			
LOSS PAYEE								ITEM NUMBER:			
								ITEM DESCRIPTION:			
	REFERENCE / I	LOAN #:			INTEREST END DAT	 [E:		-			
	LIEN AMOUNT:	:			PHONE (A/C, No, E)	rt):					
REASON FOR INTEREST:					E-MAIL ADDRESS:						
REASON FOR INTEREST:	NAME AND AD	DRESS	RANK:	EVIDENCE:	E-MAIL ADDRESS:  CERTIFICATE	POLICY	SEND BILL	INTEREST	N ITEM NUMBER		
		DRESS	RANK:	EVIDENCE:	1	POLICY	SEND BILL	INTEREST I	N ITEM NUMBER BUILDING:		
INTEREST		DRESS	RANK:	EVIDENCE:	1	POLICY	SEND BILL		BUILDING:		
INTEREST  LENDER'S LOSS PAYABLE		DRESS	RANK:	EVIDENCE:	1	POLICY	SEND BILL	LOCATION:	BUILDING:		
INTEREST  LENDER'S LOSS PAYABLE  LIENHOLDER		DRESS	RANK:	EVIDENCE:	1	POLICY	SEND BILL	LOCATION: SCHEDULE NUMBER:	BUILDING:		
INTEREST  LENDER'S LOSS PAYABLE  LIENHOLDER			RANK:	EVIDENCE:	1		SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:		
INTEREST  LENDER'S LOSS PAYABLE  LIENHOLDER  LOSS PAYEE	NAME AND ADI	LOAN#:	RANK:	EVIDENCE:	INTEREST END DAT	ľE:	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:		
INTEREST  LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE  REASON FOR INTEREST:	NAME AND ADD	LOAN#:	RANK:	EVIDENCE:	CERTIFICATE	ľE:	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:		
INTEREST  LENDER'S LOSS PAYABLE  LIENHOLDER  LOSS PAYEE	NAME AND ADD	LOAN#:	RANK:	EVIDENCE:	INTEREST END DAT	ľE:	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:		
INTEREST  LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE  REASON FOR INTEREST:	NAME AND ADD	LOAN#:	RANK:	EVIDENCE:	INTEREST END DAT	ľE:	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:		
INTEREST  LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE  REASON FOR INTEREST:	NAME AND ADD	LOAN#:	RANK:	EVIDENCE:	INTEREST END DAT	ľE:	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:		
INTEREST  LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE  REASON FOR INTEREST:	NAME AND ADD	LOAN#:	RANK:	EVIDENCE:	INTEREST END DAT	ľE:	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:		
INTEREST  LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE  REASON FOR INTEREST:	NAME AND ADD	LOAN#:	RANK:	EVIDENCE:	INTEREST END DAT	ľE:	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:		
INTEREST  LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE  REASON FOR INTEREST:	NAME AND ADD	LOAN#:	RANK:	EVIDENCE:	INTEREST END DAT	ľE:	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:		
INTEREST  LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE  REASON FOR INTEREST:	NAME AND ADD	LOAN#:	RANK:	EVIDENCE:	INTEREST END DAT	ľE:	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:		
INTEREST  LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE  REASON FOR INTEREST:	NAME AND ADD	LOAN#:	RANK:	EVIDENCE:	INTEREST END DAT	ľE:	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:		
INTEREST  LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE  REASON FOR INTEREST:	NAME AND ADD	LOAN#:	RANK:	EVIDENCE:	INTEREST END DAT	ľE:	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:		

## SCHEDULED ITEMS

SCHED	PULED ITEMS		AGENC	ı						
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
ITEM#	MANUFACTURER	MODEL	YEAR	-			CAPACITY	AMO	UNT OF	INSURANC
SCH#	DESCRIPTION		EXCL BLKT		VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN /	NEW / USED	% COINS
ITEM#	MANUFACTURER	MODEL	YEAR	S ID # / SERIAL #			CAPACITY	AMO	UNT OF	INSURANC
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN /	NEW / USED	% COINS
ITEM#	MANUFACTURER	MODEL	YEAR	\$ ID #/SERIAL#			CAPACITY		UNT OF	INSURANC
SCH#	DESCRIPTION		EXCL BLKT		VALU- ATION	VALUATION DATE			NEW / USED	% COIN
ITEM#	MANUFACTURER	MODEL	YEAR	S ID#/SERIAL#			CAPACITY	AMO	UNT OF	INSURANC
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE		OWN /	NEW / USED	% COINS
ITEM#	MANUFACTURER	MODEL	YEAR	S ID#/SERIAL#			CAPACITY	AMO	UNT OF	INSURANC
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE			NEW / USED	% COINS
ITEM#	MANUFACTURER	MODEL	YEAR	-			CAPACITY	AMO	UNT OF	
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE			NEW / USED	% COINS
ITEM #	MANUFACTURER	MODEL	YEAR				CAPACITY	AMO	UNT OF	INSURANC
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE			NEW / USED	% COINS
ITEM #	MANUFACTURER	MODEL	YEAR	ID#/SERIAL#			CAPACITY	AMO	UNT OF	
SCH#	DESCRIPTION		EXCL BLKT		VALU- ATION	VALUATION DATE	PURCHASE DATE		NEW / USED	% COINS
ITEM#	MANUFACTURER	MODEL	YEAR	ID#/SERIAL#			CAPACITY	AMO	UNT OF	
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		NEW / USED	% COINS
ITEM#	MANUFACTURER	MODEL	YEAR	-			CAPACITY	AMO	UNT OF	INSURANC
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
ITEM#	MANUFACTURER	MODEL	YEAR	-			CAPACITY	AMO	UNT OF	
SCH#	DESCRIPTION	•	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		NEW / USED	% COINS
ITEM#	MANUFACTURER	MODEL	YEAR	-			CAPACITY	AMO	UNT OF	INSURANC
SCH#	DESCRIPTION	•	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		NEW / USED	% COINS
ITEM#	MANUFACTURER	MODEL	YEAR	-			CAPACITY	AMO	UNT OF	INSURANC

#### 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 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)		(Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER