**Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

Scottsdale Indemnity Company

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**MACHINERY AND EQUIPMENT SUPPLEMENTAL APPLICATION**

(Complete in addition to the ACORD General Liability Application)

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| Applicant’s Name:    Location Address: | Agency Name:    Agent No.:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**        **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**1. Annual Employee Payroll:** $

**2. Number of Active Owners/Officers:**

**3. Annual Receipts:** $

**4. Annual Subcontractors Cost:** $

**5. How many years in business?**       Years

How many years of experience?       Years

**6. Specify the last five projects (or top five clients, if new venture) with the client/industries being served and specific types of machinery being serviced:**

**1.**

**2.**

**3.**

**4.**

**5.**

**7. Are all service technicians factory certified or trained under an apprenticeship or trade school?**  Yes  No

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| If no, describe: |

**8. Percentage of operations performed:**

In Shop       % Off-Site/Mobile       % Off-Shore       % Installation Operations       %

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| Describe off-site operations: |

**9. Indicate any past, present or discontinued services in any of the following:**

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| Aircraft or aerospace applications/unmanned aircraft |
| Amusement devices  (mechanical) |
| ATM equipment |
| ATVs/UTVs |
| Boat lifts |
| Bottling plant equipment |
| Caissons |
| Chemical industry equipment |
| Contractors equipment |
| Conveyors equipment |
| Cotton pickers |
| Cranes  (length of boom       ft.) |
| Electrical power generating equipment |
| Elevators/escalators/moving sidewalks |
| Exercise and fitness equipment |
| Farm machinery |
| Feed mills |
| Forklifts |
| Garage or auto repair  equipment |
| Gas/natural gas/oil/LPG production |
| Gasoline pump equipment |
| Generators |
| Grain elevators/silos/bins |
| Hog equipment |
| Hydraulics or hoists |
| Industrial valves or pumps |
| Ladders or lift equipment (other than forklifts) |
| Lawn and garden equipment |
| Logging/lumbering equipment |
| Medical equipment |
| Military equipment |
| Mining equipment |
| Nuclear power plant equipment |
| Pipeline work involving gas/natural gas/oil/LPG |
| Playground equipment |
| Pollution control |
| Poultry equipment |
| Pressure vessels/tanks/boilers |
| Printing press equipment |
| Railroad equipment |
| Rigging equipment |
| Robotics |
| Safety guards or equipment |
| Sawmill equipment |
| Textile equipment |
| Tree stands |
| Watercraft, boats or ships |
| Wood chippers |
| Other (describe): |

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| **If any of the above categories are checked, describe in more detail client industries being served and specific type of equipment:** |

**10. Is applicant involved in rigging operations?**  Yes  No

If yes, provide gross sales:

**11. Does applicant install new equipment in factories?**  Yes  No

If yes, how many years of experience:

**12. Is applicant involved in the manufacturing, sales, service or repair of 3D printers?**  Yes  No

**13. Does applicant perform any computer design, programming or consulting services?**  Yes  No

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| If yes, describe with the percentage of operations declared: |

**14. Does applicant fabricate or machine any equipment or component parts?**  Yes  No

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| If yes, explain: |

**15. Does applicant act as a machinery dealer or wholesaler?**  Yes  No

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| If yes, provide detail with annual sales declared: |

**16. Does applicant have a written quality control program in place?**  Yes  No

**17. Does applicant subcontract work to others?**  Yes  No

If yes:

Are certificates of insurance obtained?  Yes  No

Is applicant named as an additional insured on all subcontractors’ policies?  Yes  No

Do subcontractors provide hold harmless agreements in favor of the applicant?  Yes  No

**18. Hold-Harmless Agreements:**

Does applicant use a standard client contract, which outlines the specific responsibilities of the   
applicant?  Yes  No

Do others hold applicant harmless?  Yes  No

Does applicant agree to hold any third party harmless?  Yes  No

Does applicant assume, by contract or verbally, responsibility for any injury or damage that may   
occur?  Yes  No

**19. Does applicant have Workers’ Compensation coverage in force?**  Yes  No

Does applicant lease employees?  Yes  No

**20. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**  Yes  No

If yes, describe:

**21. Does applicant have any other business ventures for which coverage is not requested?**  Yes  No

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| If yes, explain and advise where insured: |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice To Florida Applicants:** 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.

**NOTICE TO KANSAS APPLICANTS:** 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, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice To Maine Applicants:** 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable in Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

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|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning  character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. | | |