



Equipment Breakdown Supplemental Application

1. Name of Association: _____
2. Physical Address: _____ Mailing Address: _____

3. Inspections Contact Name: _____ Phone Number: _____
4. Proposed Effective Date: _____
5. Limits (100% TIV per location includes Building, Contents and BI/EE Value):
Location #1: _____
Location #2: _____
Location #3: _____
(if additional locations, please attach schedule)
6. Does any single building TIV (Building, Contents & BI) exceed \$50,000,000? Yes No
7. Is association responsible for a water/sewage treatment plant? Yes No
8. Have there been any Equipment Breakdown losses in the last 5 years? Yes No
9. Current Carrier _____ Premium \$ _____

PLEASE SIGN AND DATE:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALALTIES.

Authorized Representative Name and Title

Date

Agent Name and Insurance License #

Date