



ESSEX INSURANCE COMPANY

4521 Highwoods Parkway, Glen Allen, Virginia 23060-6148 P.O. Box 2010, Glen Allen, Virginia 23058-2010
(804) 273-1400 (800) 345-3351 Fax (804) 273-1431

MISCELLANEOUS PROPERTY APPLICATION

Name of Applicant: _____

Mailing Address: _____

Contact Name: _____ Telephone: _____

Location Address: _____

Years in Business: _____ Policy Term: _____ to _____

Insured is: _____ Individual _____ Partnership _____ Corporation _____ Joint Venture.

Description of Operations: _____

Territory of Operations: _____

COVERAGE/DEDUCTIBLE /

| EQUIPMENT STORAGE | | | UNSCHEDULED EQUIPMENT | | |
|-------------------|---------|------------------|-----------------------|------------------|---------------------|
| Maximum Value | | | | | |
| In Building | Outside | Type of Security | Description | Maximum per Item | Max. per Occurrence |
| | | | | | |
| | | | | | |
| | | | | | |

Any waterborne exposure? () Yes () No

Any underground exposures? () Yes () No

If yes, please explain: _____

Is Equipment rented, loaned to others? () Yes () No (If yes, attach copy of lease/rental agreement(s))

If yes, with operators? () Yes () No

Limit Desired: _____

Is Equipment rented, loaned from others to you? () Yes () No

Total rental expenditures past 12 months: _____

Total expenditures anticipated next 12 months: _____

Limit Desired: _____

Is Applicant operating equipment not listed here () Yes () No

How is equipment transported? (Own vehicles or common carrier?) _____

Location and construction of storage building(s), if any: _____

Proportion of time stored: _____

Describe any repair operations: _____

Has any company cancelled, denied or declined to renew coverage? () Yes
() No If yes, please explain _____

Present Carrier: _____ Expiring Premium: _____
Rate: _____ Deductible: _____

| Losses past 3 years: | Date of Loss | Details |
|----------------------|--------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

The Applicant agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

Applicant's SignatureDate

Agent's SignatureDate

