

# ACORD™ BOILER & MACHINERY SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (FIRST NAMED INSURED)			
	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
			AGENCY	
			DIRECT	
FOR COMPANY USE ONLY				

## SMALL BUSINESS POLICY (Limit Rated)

COVERAGE	SPOILAGE (NOT AVAILABLE ON BASIC)	DEDUCTIBLE			
<input type="checkbox"/> BASIC	<input type="checkbox"/> NONE	<input type="checkbox"/> 250	<input type="checkbox"/> 1,000		
<input type="checkbox"/> INCL. AIR CONDITIONERS/COMPRESSER UNITS	<input type="checkbox"/> 5,000	<input type="checkbox"/> 500			
<input type="checkbox"/> EXCL. AIR CONDITIONERS/COMPRESSER UNITS	<input type="checkbox"/> 10,000	<b>GENERAL INFORMATION</b>			
<input type="checkbox"/> BROAD	<input type="checkbox"/> 25,000	ARE THERE ANY HEATING BOILERS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> OTHER:		ARE THERE ANY PROCESS BOILERS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
ADDITIONAL INFORMATION					

## STANDARD POLICY

COVERED EQUIPMENT						
COMPREHENSIVE	PD	BII	OTHER OBJECT GROUPS	PD	BII	
<input type="checkbox"/> INCL. PRODUCTION MACHINES						
<input type="checkbox"/> EXCL. PRODUCTION MACHINES						
<input type="checkbox"/> ALL BOILERS - PRESSURE VESSELS						
<input type="checkbox"/> ALL AIR CONDITIONING & REFRIGERATION EQUIPMENT						
<input type="checkbox"/> ALL ELECTRICAL EQUIPMENT						
<input type="checkbox"/> ALL MECHANICAL EQUIPMENT						
COVERAGES						
PROPERTY DAMAGE		EXTRA EXPENSE				
LIMIT OF INSURANCE	DEDUCTIBLE	LIMIT OF LOSS		PERIOD OF RESTORATION (MONTHS)	DEDUCTIBLE	
BUSINESS INTERRUPTION			CONSEQUENTIAL DAMAGE			
ACTUAL LOSS SUSTAINED		VALUED FORM		LIMIT OF LOSS	COINS %	
LIMIT OF LOSS	ANNUAL VALUE	DAILY LIMIT		SPECIFIED PROPERTY	DEDUCTIBLE	
% OF ANNUAL VALUE	LOC #1:	# OF DAYS	90			270
DEDUCTIBLE	LOC #2:	# OF DAYS	180			360
ORDINARY PAYROLL	LOC #3:	DEDUCTIBLE		<input type="checkbox"/> IN STORAGE	<input type="checkbox"/> IN PROCESS	
# OF DAYS						
ADDITIONAL INFORMATION						

## ADDITIONAL INFORMATION

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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME and VA, insurance benefits may also be denied)

**PREMISES INFORMATION**

PREM #	MACHINERY & EQUIPMENT VALUES	BUILDING VALUES (100%)	INSPECTION CONTACT	PHONE #

**ADDITIONAL INTERESTS**

PREM #	NAME & ADDRESS	PREM #	NAME & ADDRESS
CERT. REQ.?		CERT. REQ.?	
<input type="checkbox"/> Y		<input type="checkbox"/> Y	
<input type="checkbox"/> N	INTEREST	<input type="checkbox"/> N	INTEREST
PREM #	NAME & ADDRESS	PREM #	NAME & ADDRESS
CERT. REQ.?		CERT. REQ.?	
<input type="checkbox"/> Y		<input type="checkbox"/> Y	
<input type="checkbox"/> N	INTEREST	<input type="checkbox"/> N	INTEREST

**REMARKS**