



Evanston Insurance Company
Markel American Insurance Company
Markel Insurance Company

EQUIPMENT DEALERS APPLICATION

Name of Applicant: _____

Mailing Address: _____

Contact Name: _____ Telephone: _____

Location Address: _____

Years in Business: _____ Policy Term Requested: _____ to _____

Description of Operations: _____

Applicant is: ☐ Individual Partnership Corporation ☐ Joint Venture.

1. Type of equipment: _____

Maximum value any one item: \$ _____

2. Gross Sales (annual): \$ _____

3. Limits required:

Address

A. Location 1: _____ Limit: \$ _____

B. Location 2: _____ Limit: \$ _____

C. Non Scheduled Locations: _____ \$ _____

D. At other location acquired by the insured: _____ \$ _____

E. In transit: _____ \$ _____

F. Number of Trucks and Type: _____

G. Radius: _____

H. Overall disaster limit: _____

The following information is required separately **for each location** owned, rented, under control or used in whole or in part by applicant. Attach supplementary sheet for additional locations

Fire Protection
(Sprinkled) _____

Is lot fenced? _____

Lighted? _____

Construction of Building _____

Burglar Protection (Central
Station, Watchman, 24 hr.
Guard) _____

4. Inventory Values

A. Location 1. Address: _____

- (1) Inventory value on latest inventory dated
- (2) Inventory value on prior inventory dated*
- (3) Maximum amount at risk during year did not exceed
- (4) Average values at risk during year
- (5) Estimated average amount of property of others during the past twelve months
- (6) Any equipment L/R TO Others? Yes No
a. If Yes, please provide a copy of rental contract

IN BUILDING			Property Outside Building
Mobile Equip.	Accessories	Other Stock	

*Inventory must be at least six months prior to latest inventory.

A. Location 2. Address: _____

- (1) Inventory value on latest inventory dated
- (2) Inventory value on prior inventory dated*
- (3) Maximum amount at risk during year did not exceed
- (4) Average values at risk during year
- (5) Estimated average amount of property of others during the past twelve months
- (6) Any equipment L/R TO Others? Yes No
a. If Yes, please provide a copy of rental contract

IN BUILDING			Property Outside Building
Mobile Equip.	Accessories	Other Stock	

*Inventory must be at least six months prior to latest inventory.

5. Elsewhere, i.e., out on trial, approval, exhibit, etc.

- A. Inventory value on latest inventory dated: _____ \$ _____
- B. Inventory value on prior inventory dated*: _____ \$ _____
- C. Maximum amount at risk during year did not exceed: \$ _____
- D. Total: \$ _____

*Inventory must be least six months prior to latest inventory.

6. Repair Operations

- A. Annual Gross Receipts: \$ _____
- B. Premises & Building description if different than sales operation:
- C. Limit Required: _____

7. Losses past 3 years:	Date of Loss	Details
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE A: Exact monthly inventories for the last twelve months shall be furnished, if available, by location and showing date of each, in lieu of items numbered 1, 2 and 3.

NOTE B: If the policy is to exclude coverage of specifically identified property owned by a named person, firm or corporation other than the Applicant, the values thereof should be excluded in furnishing the foregoing figures. The information contained herein, has been prepared from our records and is true and correct to the best of my knowledge and belief.

Fraud Warnings

Notice to Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Rhode Island and West Virginia 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 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 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.

Notice to Florida and Oklahoma 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)*. *Applies in Florida only.

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.

Notice to Kentucky, New York, Ohio and Pennsylvania applicants: 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 New York only.

Notice to Maine, Tennessee, Virginia and Washington 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 and denial of insurance benefits. *Applies in Maine only.

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 New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon applicants: 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.

Notice to applicants of all other states: 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 the person to criminal and civil penalties.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

Applicant's Signature

Date

Agent's Signature

Date