

MY Insurance Agency

160-03 Horace Harding Expy, Flushing, NY 11365
Tel. 718-445-9002 www.NYS-Insurance.com

EQUIPMENT BREAKDOWN APPLICATION

		Date: _____
Current Carrier	_____	
B&M Premium:	\$ _____	
Property Deductible.	\$ _____	Losses (5yrs): Yes <input type="checkbox"/> No: <input type="checkbox"/>
Agency Controls Acct.:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	SUBMIT Loss History OR No Loss Ltr
Policy Dates:	From _____ To _____	
Named Insured:	_____	
Insd. Mailing Addr: (Street/ PO, City, ST, ZIP)	_____ _____	

Location #1 Addr: (Street, City, ST, ZIP) _____

*** 100% VALUES**

Loc # 1: Building Values* \$ _____
Contents Values* \$ _____
Stock Values* \$ _____

Loc # 1 - Bus Income Values* \$ _____
Boiler Yes: No:

How many boilers? _____

Location #2 Addr.: (Street, City, ST, ZIP) _____

Loc # 2, Building Values* \$ _____
Contents Values* \$ _____
Stock Values * \$ _____

Loc # 2- Bus Income Values* \$ _____
Boiler Yes: No:

(more than two locations, please supply statement of values)

Brief Description of Operations: Building Owner

Mortgage Holder's Name and Address; _____

Boiler Inspection _____ Telephone No: _____
Contact: _____

Coverage: Comprehensive Including Production Machines

Limit Per Accident: \$ _____

Deductible PD _____
BI _____

By Producer _____