



*Please visit www.allrisks.com/submit-a-risk or contact your current All Risks, Ltd. producer to submit applications.

Equipment Service & Repair Supplemental Questionnaire

Preparation instructions

1. Answer all questions. If the answer to any questions is none, please state none.
2. Application must be signed and dated by owner, partner or officer.
3. Brochures, copies of guarantees, warranties and hold harmless agreements furnished by the named insureds should accompany the application.
4. The latest 10k and 10q, or if a privately held business, latest audited financial statement and latest quarter income report should be furnished.

APPLICANT INFORMATION

Name (first named insured and other named insureds): _____

List all applicants' web sites: _____

DESCRIPTION OF OPERATIONS

- a. How long has been in business (years)? _____
- b. How long has current management been in place (years)? _____
- c. Radius of operations (miles)? _____
- d. Number of full time employees? _____ Number of part time employees: _____
- e. Is insured certified by any outside organizations? Yes No
If yes, please list them: _____
- f. Are you a member of any business/industry associations? Yes No
If yes, please list them: _____

SPECIFIED PRODUCTS AND SERVICES

Only those services specified below will be considered for coverage. Please refer to key below

Equipment serviced &/or repaired (Specific category)	Equipment serviced &/or repaired?		Where services are performed (percentage)	Does insured also sell/distribute product?		Please indicate which of the following apply						
	Yes	No		In field	In shop	Yes	No	I	C	R	G	M
Acoustic & vibration equipment	<input type="checkbox"/>	<input type="checkbox"/>	% Of total revenue			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction equipment	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical equipment	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic equipment	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farm equipment	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic equipment	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Oil & gas equipment	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead cranes	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small engines	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (1)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I = Industrial	C = Commercial		R = Residential		G = Government			M = Hospital/Medical				
Please specify equipment type as indicated in question 3b on next page												

Other equipment types serviced &/or repaired

1. Automotive/truck equipment Yes No N/A
2. Heating & ventilation equipment. Yes No N/A
3. Laboratory equipment Yes No N/A
4. Medical equipment Yes No N/A
5. Other (please explain) _____ Yes No N/A

Are you planning to add services different than those indicated above in the next 12 months? Yes No N/A

SALES HISTORY

Total sales or receipts for all rentals, products and services expected in the next 12 months? \$ _____

Past 12 months \$ _____
 1st Prior Year \$ _____
 2nd Prior Year \$ _____

Describe any significant change in revenues between any prior year and next year's projection: _____

Does insured have another form of revenue not connected with the entity? Yes No
 If yes, please describe: _____

OPERATIONS, ADDITIONAL LIABILITIES & UNIQUE CHARACTERISTICS

- a. Does the insured have a service & repair agreement it requires customers to sign before work begins? Yes No
 If yes, does this agreement include a hold harmless clause? Please attach a copy.
- b. Does the insured always use OEM parts? Yes No
 If no, do the parts used always meet or exceed OEM specifications? Yes No
- c. Does the insured ever modify equipment to perform outside of OEM specifications? Yes No
- d. Are the insured's service and repair staff factory trained or under the direction of someone that is factory trained? Yes No
- e. Is the insured a factory authorized service and repair facility? Yes No

If yes, what are the names of the companies for which the insured is factory authorized?

f. Are any of the insured's employees certified in the service and repair work the insured provides to its customers? Yes No

If yes, what are those certifications? _____

g. What licenses does the insured hold? _____

- Has the insured been subjected to any disciplinary action in the last five years relative to the licenses it holds? Yes No
- h. Has the insured had to undergo a pre-approval process with any of its customers? Yes No
 If yes, please list at least two of those customers? _____
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- i. Does the insured have a formal policy concerning unserviceable or unrepairable equipment? Yes No
 Is this policy in writing? Please attach a copy. Yes No
- j. Does the insured require customers sign off on completed service work? Yes No
- k. Does the insured maintain records of the service and repair work it provides? Yes No
 Do these records indicate the parts used when parts are replaced? Yes No
- l. Does the insured ever subcontract any of its service and repair work? Yes No
 If yes, does the insured require the subcontractor carry insurance with limits of at least \$1m? Yes No
 If yes, does the insured require the subcontractor list it as an additional insured? Yes No
- m. Are any of your facilities ISO9001 certified?
- n. DOES THE INSURED WARRANT THE SERVICES AND REPAIRS IT PERFORMS? Yes No
 IF YES, WHAT IS THE DURATION OF WARRANTY WORK?
- o. Who are your top five customers in the past 12 months? (Name, City, State)
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

CLAIMS HISTORY – FIVE YEARS OR MORE (LOSS RUNS MUST BE FURNISHED)

Policy Period	No. Of Claims	Total Amounts Paid		Amounts in Reserve		Valuation Date
		Indemnity	Expense	Indemnity	Expense	

Total aggregate losses, including defense costs: _____

Describe individual losses, valued \$25,000 or more, including defense costs: _____

Are you aware of any other occurrences, incidents, conditions, defects or suspected defects, which may result in claims against you? Yes No

If yes, give details: _____

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

ARKANSAS:

"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."

COLORADO:

"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."

DISTRICT OF COLUMBIA:

"WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA:

"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."

KENTUCKY:

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

LOUISIANA:

"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."

MAINE:

"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 OR A DENIAL OF INSURANCE BENEFITS."

NEW JERSEY:

"ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NEW MEXICO:

"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 CIVIL FINES AND CRIMINAL PENALTIES."

OHIO:

"ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

OKLAHOMA:

"WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

OREGON:

"ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

PENNSYLVANIA:

"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."

RHODE ISLAND: (SEE ALSO "OTHER STATES" NOTICE THAT APPLIES.) "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."

TENNESSEE; VIRGINIA; WASHINGTON:

"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

OTHER STATES including but not limited to:**MARYLAND; RHODE ISLAND; WEST VIRGINIA:**

WARNING: 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 MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW YORK:

"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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email