


# ACORD™ BOILER & MACHINERY SECTION

DATE (MM/DD/YY)

<b>PRODUCER</b>   Associated Underwriters 9412 Giles Road La Vista, NE 68128  Phone: 402.592.0900 Fax: 402.592.0962	<b>APPLICANT (FIRST NAMED INSURED)</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">PROPOSED EFF DATE</td> <td style="width:25%;">PROPOSED EXP DATE</td> <td style="width:25%;">BILLING PLAN</td> <td style="width:25%;">PAYMENT PLAN</td> </tr> <tr> <td></td> <td></td> <td>AGENCY</td> <td></td> </tr> <tr> <td></td> <td></td> <td>DIRECT</td> <td></td> </tr> </table> FOR COMPANY USE ONLY	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN			AGENCY				DIRECT	
PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN										
		AGENCY											
		DIRECT											

## SMALL BUSINESS POLICY (Limit Rated)

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

## STANDARD POLICY

COVERED EQUIPMENT					
COMPREHENSIVE	PD	BII	OTHER OBJECT GROUPS	PD	BII
<input type="checkbox"/> INCL. PRODUCTION MACHINES					
<input type="checkbox"/> EXCL. PRODUCTION MACHINES					
ALL BOILERS - PRESSURE VESSELS					
ALL AIR CONDITIONING & REFRIGERATION EQUIPMENT					
ALL ELECTRICAL EQUIPMENT					
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	
% 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					
<b>ADDITIONAL INFORMATION</b>					

## 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**