



Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048
Phone: 800.784.1887, Fax: 508.337.3698

MOBILE AGRICULTURE MACHINERY AND EQUIPMENT APPLICATION

1. Name of Applicant: _____
2. Web site Address: _____
3. Location Address: _____
4. Proposed Policy Term: From: _____ To: _____
5. Annual Income—Last Year: \$ _____ Estimated Current Year: \$ _____
6. Applicant's Business: _____ Number of Years in Business: _____
7. Contact for Inspection:
Name: _____
E-mail Address: _____ Telephone Number: _____
8. Have you declared bankruptcy or been in receivership within the past five years? Yes No

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

GENERAL INFORMATION

9. Location of premises where property is customarily located: _____
10. Describe any preventive maintenance program provided for the equipment: _____

11. How often is equipment serviced? _____
Who services the equipment? _____
12. Is farm machinery equipped with: Shut-off Device? Yes No
LoJack Security System? Yes No
13. Are fire extinguishers present on every piece of equipment? Yes No
14. Are all employees (including temporaries) trained to handle the equipment they will operate? Yes No
15. At the site where the equipment is generally operated or stored:
 - a. What is the Public Protection Class (PPC) rating? _____
 - b. What is the distance in feet to the nearest water source? _____
 - c. What is the distance in miles to the nearest responding fire department? _____
16. How often is the cotton picking machinery cleaned of debris? _____
17. Is the equipment safety-inspected at regular intervals? Yes No



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18. Complete table below:

Mobile Agricultural Machinery and Equipment to be Insured and Amounts of Insurance							
Item No.	Model Year	Type Unit, Manufacturer, Model, Capacity	Serial No.	Date Purchased	New/ Used	Purchase Price	Amount of Insurance

19. List any loss payees needed on above equipment: _____

20. Does applicant own any equipment on which insurance is not currently being sought? Yes No
If yes, explain why insurance is not being purchased: _____

21. Is any equipment above used for hire? Yes No

22. If endorsed on this policy, FP 04 20, Foreign Objects in Machinery, applies to the following numbered items as listed in table under item 18.
No.(s): _____

23. Provide prior carrier information and loss information:
Insurance carriers during the last three years: _____

Provide information regarding the date, cause and amount of all losses during the last three years whether insured or uninsured: _____

24. List any additional information attached with the application: _____

FRAUD WARNING: 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 applicable to Nebraska, Oregon or Vermont).**

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



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company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA 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 in the third degree.

NOTICE TO LOUISIANA 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 MAINE 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

FRAUD WARNING APPLICABLE IN THE STATE OF 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.



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APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IOWA LICENSED AGENT: _____

AGENT'S NAME: _____ AGENT'S LICENSE NUMBER: _____
(Applicable to Florida agents only)

CONTACT PERSON: _____

CONTACT PERSON'S PHONE NUMBER: _____