

Miscellaneous Property Application

Email completed application to submit@midman.com.

Requested Effective Date: _____

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

COMPANY DETAILS							
Name of Applicant:							
Contact Name:							
Mailing Address:							
City:		State:		Zip:			
Physical Address:							
City:		State:		Zip:			
Telephone #:				Fax #:			
Years in Business:				Policy Term:		to	
Insured is:	Individual		Partnership		Corporation		Joint Venture
Description of Operations:							
Territory of Operations:							

COVERAGE					
Coverage/Deductible	/				
Equipment Storage – Maximum Value			Unscheduled Equipment		
In Building	Outside	Type of Security	Description	Maximum per Item	Max per Occurrence

RISKS			
Any waterborne exposure?	Yes	No	
And underground exposures?	Yes	No	
If yes, please explain:			Limit Desired:
Is Equipment rented, loaned to others? <i>If yes attach copy of lease/rental agreements(s)</i>	Yes	No	
If yes, with operators:	Yes	No	Limit Desired:
Is Equipment rented, loaned from others to you?	Yes	No	

Total rental expenditures in the past 12 months:			
Total expenditures in the next 12 months:		Limit Desired:	

OPERATION INFORMATION AND INSURANCE HISTORY							
Is Applicant operating equipment not listed here?			Yes	No			
How is equipment transported?							
Own vehicles or common carrier?							
Location and construction of storage building(s), if any?							
Proportion of time stored?							
Describe any repair operations:							
Has any company cancelled, denied or declined to renew coverage?			Yes	No			
If yes, please explain:							
Present Carrier:		Expiring Premium:		Rate:		Deductible:	
Losses past 3 years	Date of Loss			Details			

DECLARATION			
<p><i>This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.</i></p> <p><i>The proposer agrees that the statements contained in this application are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.</i></p>			
Signature of Applicant:			Date of Signature:
Signature of Agent:			Date of Signature:

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