

LLOYDS EXCESS – LOGGING & LUMBERING EQUIPMENT

ANGUS-MILLER LTD.

Application Quotation

BROKER: _____	Agency# _____	Tel# _____
APPLICANT: _____		Tel# _____
ADDRESS: _____		Postal Code _____
LOCATION OF INSURED PROPERTY: Same <input type="checkbox"/> or: _____		Postal Code _____
PRINCIPALS: _____		EMAIL: _____
POLICY PERIOD: FROM: _____ TO: _____		

LIENHOLDER
Name and address: _____ _____ _____

Previous Insurer: _____	Policy # _____
Previous losses (3 years) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previously declined? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Supporting Business (1) Policy _____ (2) Company _____	

SCHEDULE							
Item#	Model Year	Trade Name	Model	Body Type	Serial #	List Price New	P. Price
1							
2							
3							
4							

COVERAGES							
Item#	Coverages Cont Equip – LLDS-1128	Named Perils	(Ded 5%) MIN \$ 2500	Co.Ins %	Amount Ins	Rate	Premium
1	YES	YES		NO.CO.			
2	YES	YES		NO.CO.			
3	YES	YES		NO.CO.			
4	YES	YES		NO.CO.			

1. Please describe operations: _____	
2. Equipment must be protected by at least one 20 lb ABC fire extinguisher. Policy will be subject to warranty.	
3. Where will applicant be operating the above described equipment (specific location)? _____	
4. How long has the applicant been in the logging/lumbering business? _____	
5. Where is equipment stored when not in use? _____	
6. Will applicants equipment be rented or leased? _____	
7. How often is equipment serviced & by whom? _____	
8. Please confirm amount of lien on each piece of equipment. 1_ \$ _____ 2_ \$ _____ 3_ \$ _____ 4_ \$ _____	
9. Operators: Name: _____ Exp: _____ Name: _____ Exp: _____ Name: _____ Exp: _____	
M.R.P. \$ 250. Total Premium \$ _____	

SIGNED BY _____ DATE _____