



MOBILE MEDICAL EQUIPMENT INSURANCE APPLICATION

Date: _____

Applicant: _____

Address: _____

Telephone: _____

Email: _____

Website: _____

Years in Business: _____

Producer: _____

Desired Effective Date of Insurance: _____

List all industry associations in which you are a member in good standing: _____

Yard Location: _____

Inspection Contact: _____

Equipment Yard Security: (Lighting, Fencing, Watchmen, etc.) _____

If not owned/operated by an AHA Registered Hospital, annual gross revenues:

Projected next 12 months: _____

Last next 12 months: _____

12 months previous to last year: _____

OPERATIONS

Description of home location(s) and radius of service area: _____

(Attach additional sheets, if necessary)

If there is any equipment to be covered at a single location, provide details of location and operations, including Construction, Age, Other Occupancies, Protection, and surrounding Exposures:

(Attach additional sheets, if necessary)

What percentage of revenue is derived from static operations? _____

IDEAL Agriculture & Marine, a product of Wichert Insurance

1200 Graham Road - Cuyahoga Falls, OH 44224

Phone: (330) 929-8686 - Fax: (330) 929-7762

GENERAL INFORMATION

Is there a written preventative maintenance program for the equipment? _____

Is there a service contract or warranty for any of the covered equipment? _____

If yes, please provide termination dates for any contract or warranty:

Is equipment rented on a short term basis from others? _____

If yes, what was the cost of such rentals last 12 months: _____

Is equipment rented on a short term basis to others? _____

If yes, what was the gross revenue of such rentals last 12 months: _____

LEASING

How often is equipment leased to others without operators? _____

Annual Revenue: _____

Type of Equipment Leased: _____

How often do you lease equipment from others without operators? _____

Annual cost to lease: _____

Schedule of Equipment to be Insured: Complete second page

Loss Experience: Attach loss runs for last five years from previous insurer(s)

I hereby certify that the foregoing is a good faith representation of the information requested

(Name / Title)

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SCHEDULE OF EQUIPMENT

<u>Make</u>	<u>Model Year</u>	<u>Model</u>	<u>Serial Number</u>	<u>Own/ Lease</u>	<u>If Leased, End of Insurance</u>	<u>Amount of Insurance</u>	<u>Alarm?</u>
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Mobile Unit No. 1

Transporting vehicle:							
			Storage Location:				

Mobile Unit No. 2

Transporting vehicle:							
			Storage Location:				

Mobile Unit No. 3

Transporting vehicle:							
			Storage Location:				

Mobile Unit No. 4

Transporting vehicle:							
			Storage Location:				