

ACORDTM BOILER & MACHINERY SECTION

DATE (MM/DD/YY)

PRODUCER Robert Hawkins DBA Hawkins Insurance Services P.O. Box 2207 Spring Valley, CA 91979-2207 619-670-1136 619-670-5026 (Fax) bondpro1@cox.net DOI 0655770 0B33276	APPLICANT (FIRST NAMED INSURED)			
	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
			AGENCY	
			DIRECT	
FOR COMPANY USE ONLY				

SMALL BUSINESS POLICY (Limit Rated)

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

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		PERIOD OF RESTORATION				DEDUCTIBLE	
LIMIT OF INSURANCE	DEDUCTIBLE	LIMIT OF LOSS		(MONTHS)					
BUSINESS INTERRUPTION				CONSEQUENTIAL DAMAGE					
ACTUAL LOSS SUSTAINED		VALUED FORM		LIMIT OF LOSS		COINS %		DEDUCTIBLE	
LIMIT OF LOSS	ANNUAL VALUE	DAILY LIMIT		SPECIFIED PROPERTY					
% OF ANNUAL VALUE	LOC #1:	# OF DAYS							
DEDUCTIBLE	LOC #2:								
ORDINARY PAYROLL	LOC #3:	DEDUCTIBLE							
# OF DAYS				IN STORAGE		IN PROCESS			

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