



EMC CHOICE EQUIPMENT DEALERS SUPPLEMENTAL QUESTIONNAIRE
(Commercial Insurance Application ACORD 125 Must Be Attached)

Date _____

Producer		Name and Mailing Address:		
Code	Subcode	Website Address:		Policy/Account Number:
		Effective Date	Expiration Date	

Contact Name _____ Phone Number _____

SECTION I – GENERAL INFORMATION

1. Major line and type of equipment: _____
2. Type of merchandise other than equipment: _____
3. Please indicate below the total gross sales for the last 12 months:

	New	Used	Repair	Accessories	Rental
Agricultural Equipment	_____	_____	_____	_____	_____
Construction Equipment	_____	_____	_____	_____	_____
Forklift Dealers	_____	_____	_____	_____	_____
Lawn & Garden	_____	_____	_____	_____	_____
All Other	_____	_____	_____	_____	_____

Recreational Vehicle Sales:
 ATV _____ Snowmobiles _____ Other Types _____

What is the total number of recreational vehicle units sold annually? _____

- | | Yes | No | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Does the insured have good housekeeping practices? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Does the insured pick up and/or deliver equipment? |
| | | | 6. What is the radius of travel when transporting? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. When transporting equipment, is the equipment properly secured to vehicles and properly flagged if oversize and overweight? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the insured conduct repair/service operations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. If yes, do they perform any roving repairs? |
| | | | b. If yes, what services are provided? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Is the customer informed about the proper usage of equipment? |
| | | | 10. Answer the following questions if other than agricultural equipment is rented/leased to others. |
| | | | a. Is any of the equipment: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In use more than 8 hours per day? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Left unattended after working hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Being used in hilly terrain? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Being used in swampy areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Involved in any quarrying or dam construction? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Being used in logging or lumbering? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Being used in any wrecking operations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Required to be moved more than 25 miles from the base location of the concern renting/leasing the units? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Being rented with operator furnished by the insured? |
| | | | b. How many units are likely to be rented/leased to a single concern? _____ |

Yes No

- 11. Does the insured's rental/lease agreement include a hold harmless agreement?
If yes, please provide a copy with submission and answer the following.
- Does the agreement indicate that the customer is to test/examine equipment to assure that all safety mechanisms are in operational order?
- 12. In reference to repair/service operations and rental/lease agreements, does the customer sign a statement verifying that all safety devices are in place and working? If so, how long are these signed forms retained by the insured? _____
- 13. Is the machinery/equipment rented or leased without operators?

SECTION II – INLAND MARINE / PROPERTY INFORMATION

A. INLAND MARINE ADDITIONAL INFORMATION

- 1. What is the estimated highest value of an individual piece of equipment sold? \$ _____
- 2. What is the source of estimated average values? _____
Date of last inventory? _____ How often taken? _____

Yes No

- 3. Is any of the stock covered under a floor plan?
From where does the insured obtain its floor plan financing? Manufacturer Financial Institution
What interests are insured? _____
- 4. If insurance is provided under the floor plan, do the estimated values used in the average rate computation contemplate only the interests to be insured under this policy?
- 5. Does the insured require False Pretense Coverage? If yes, indicate a limit in Section II. C. – Coverage F.
- 6. Is the False Pretense Coverage to include rented equipment?

B. PROTECTION OF MACHINERY/EQUIPMENT

Yes No

(Provide remarks below for all that apply.)

- 1. Is guard or watchperson service employed where the machinery/equipment is located and/or stored?
- 2. Describe other precautions taken to prevent or deter thefts of equipment from an open lot:
- 3. Are recognized approved central station burglar alarms installed and maintained?
- 4. Are there any hazardous or flammable materials used or stored on the premises, or storage of large amounts of tires?
- 5. Are any of the premises or storage areas subject to flooding or have there been any prior flood losses?
- 6. Is the building(s) or any portion of the building(s) equipped with a sprinkler system?
- 7. Are there fire doors and fire stops between the various storage areas within the building?
- 8. Is the storage building(s) equipped with a recognized approved central station fire alarm system and fire extinguishers?
- 9. Are employees trained in fire prevention and their roles in the event of fire?
- 10. Are emergency procedures and telephone numbers maintained and known to all employees?

Remarks:

C. INLAND MARINE COVERAGE INFORMATION (If not Blanket, all locations must be individually scheduled on the policy.)

1. Reporting Form desired for Inland Marine? Yes No
 (Not available w/Peak Season or Blanket Insurance options)

2. Inland Marine Deductible:

\$250 \$1,000 \$5,000 \$15,000
 \$500 \$2,500 \$10,000 \$25,000

3. Repairs And Replacement Provision: 75% 85% 95%
 80% 90% 100%

4. Limits

Coverage A and B Blanket Insurance (Not available with reporting form or peak season) Yes No

Coverage A: Stock-farm tractors, mobile farm equipment, materials handling equipment and construction equipment per description in manual rule 9.a.1) & 9.a.3):

		INSIDE		OUTSIDE	
Loc: _____	Bldg: _____	\$ _____	_____	\$ _____	_____
Loc: _____	Bldg: _____	\$ _____	_____	\$ _____	_____
Loc: _____	Bldg: _____	\$ _____	_____	\$ _____	_____

Coverage A: Stock – all other merchandise not mentioned above usual to an implement dealer, hardware and implement garage, and implement or materials handling business, or to construction equipment dealers; but excluding self-propelled vehicles designed for highway use, aircraft, inboard or inboard/outboard watercraft, auto homes, mobile homes and animals per description in manual rule 9.a.2) – **ALL INSIDE.**

Loc: _____	Bldg: _____	\$ _____
Loc: _____	Bldg: _____	\$ _____
Loc: _____	Bldg: _____	\$ _____

Coverage A: Business Personal Property – Furniture, fixtures, equipment and tenant’s improvements and betterments per description in manual rule 9.a.4) – **ALL INSIDE.** Included Excluded

Loc: _____	Bldg: _____	\$ _____
Loc: _____	Bldg: _____	\$ _____
Loc: _____	Bldg: _____	\$ _____

Note: If replacement cost coverage is to apply to FFE/TI & B then this property is not to be included on Inland Marine. Add as BPP to Commercial Property Coverage (exclude stock).

Coverage B: Personal Property of Others

		INSIDE		OUTSIDE	
Loc: _____	Bldg: _____	\$ _____	_____	\$ _____	_____
Loc: _____	Bldg: _____	\$ _____	_____	\$ _____	_____
Loc: _____	Bldg: _____	\$ _____	_____	\$ _____	_____

C. INLAND MARINE COVERAGE INFORMATION (continued)

Coverage C: Transportation-(for hire) Radius of Operations – _____ miles \$ _____

Coverage D: Employee Tools \$ _____

Coverage E: Rented Equipment \$ _____
 Farm Equipment \$ _____
 Construction Equipment \$ _____

Coverage F: False Pretense \$ _____
 Mobile Stock \$ _____
 Rented Equipment \$ _____

Coverage G: Peak Season (not available with reporting form or Blanket Insurance options) Loc # _____ \$ _____ From: _____ To: _____

Off Premises Coverages

Property in Transit, Being Demonstrated, or at a Temporary Location..... \$500,000 unless higher limit shown here \$ _____

Property on Exhibit..... \$500,000 unless limit shown here \$ _____

SECTION III – CASUALTY

A. GARAGE COVERAGE

1. MOBILE EQUIPMENT DEALERS – GARAGE RATING BASIS:

(a) Class I – Number of Employees:

- (1) Proprietor, partners and active officers of the business, general managers, service managers and other employees whose principal duty involves the operation of autos or who are furnished an auto. _____
 - (2) Proprietors, partners and officers active in the business, salespersons, and general managers not furnished an auto _____
- All other employees _____

(b) Class II – Non Employees

Any individual other than a person described in Class I who is regularly furnished with an auto.

- (1) Any Non-Employee age 25 or Under Liability Coverage Only _____
- (2) Any Non-Employee age 25 or Over Liability Coverage Only _____

2. AUTO

All units are to be included under the Garage Rating Basis. Do not charge separately for physical damage, total all the actual cash value of all the units, to determine the limit of coverage and rate as Dealers Physical Damage.

For underwriting purposes, provide breakdown by classification:

Light Vehicle (GVW 0 – 10,000 lbs) _____ Truck Tractor (GVW 0 – 45,000 lbs) _____
 Medium (GVW 10,001 – 20,000 lbs) _____ Extra Heavy Truck Tractor (GVW over 45,000 lbs) _____
 Heavy (GVW 20,001 – 45,000 lbs) _____ Trailers (utility and semi) _____
 Extra Heavy Trucks (GVW over 45,000 lbs) _____ Other Specialized Equip. (motor homes, travel trailers...) _____

Actual cash value limit of insurance for physical damage _____

3. COVERAGE FORMS:

- EMC Choice Garage Program Extension (CA7398)
- EMC Choice Equipment Dealers' Industry Extension (CA7397) Limit \$100,000 \$300,000 \$500,000
- Garage Enhancement Extension (CA7400)

B. ADDITIONAL CASUALTY UNDERWRITING INFORMATION

(Provide remarks below for all that apply.)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the insured sell any specialized equipment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the insured sell any mobile equipment that extends over 60 feet? |
| | | 3. What type of training do drivers receive to transport oversized loads? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does the insured regularly order driving records of those operating insured's vehicles? |
| | | 5. What procedure does the insured have in place for employees that do not meet the insurance carrier's driver criteria? |
| | | 6. What steps does the insured take to ensure that customers are familiar with equipment purchases? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are the insured's salespeople required to attend a factory-sponsored sales training course? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are the mechanics required to be certified and/or trained by the factory? |
| | | 9. What measures does the insured take to ensure that all repairs or assembly of customer's equipment and machinery are adequate? |
| | | 10. What methods does the insured take to determine the used equipment is in proper working condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Does the insured perform any welding on premise?
If yes, how much are they performing? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Does the insured perform any welding off premise?
If yes, provide complete details of operations performed and extent. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Any world wide sales or rentals?
a. If yes, what % of sales _____ % rental _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Do they have a separate foreign liability policy for this exposure?
<i>If yes, provide a copy of the policy.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Equipment rented to others:
<input type="checkbox"/> Rental to the general public or
<input type="checkbox"/> Industry specific (contractor, farmer) |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Does the insured remanufacture, modify or re-design or alter any of the equipment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Is the equipment manufactured outside the United States?
If yes, does the manufacturer have a foreign liability policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, provide a copy of the policy.</i>
If no, do they have a separate foreign liability policy for this exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Does the insured sell any heavy or large pieces of construction equipment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Does the insured sell any mining or conveyor type equipment? |

Remarks:

Completed By _____

Position _____

Date _____