



ESSEX INSURANCE COMPANY

EQUIPMENT DEALERS APPLICATION

1. Applicant (INCLUDE NAMES OF ALL SUBSIDIARY FIRMS OR CORPORATIONS TO BE INSURED)
2. Principal business address
3. Type of equipment Maximum value any one item _____
4. Gross Sales (annual) _____
5. Form to be used: (check one)
 Annual Adjustment Flat Annual Monthly Reporting
6. Limits required:

Address	Equipment and Accessories in Building	Equipment and Accessories Out of Building	Other Stock
A. Location 1	\$	\$	\$
B. Location 2	\$	\$	\$
C. Elsewhere	\$		
D. At other location acquired by the insured	\$		
E. In transit	\$		
F. Number of Trucks and Type			
G. Radius			
H. Overall disaster limit			

7. The following information is required separately for each location owned, rented, under control or used in whole or in part by applicant. Attach supplementary sheet, if necessary.

Fire Contents Rate _____ EC Contents Rate _____ Construction of Building _____

Fire Protection (Sprinkled) _____ Burglar Protection (Central Station, Watchman, 24 hr. Guard) _____

Is lot fenced _____ Lighted _____ ?

8. Inventory Values

A. Location 1. Address

- (1) Inventory value on latest inventory dated
- (2) Inventory value on prior inventory dated*
- (3) Maximum amount at risk during year did not exceed
- (4) Average values at risk during year
- (5) Estimated average amount of property of others during the past twelve months

IN BUILDING			Property Outside Building
Mobile Equip.	Accessories	Other Stock	

*Inventory must be at least six months prior to latest inventory.

B. Location 2. Address

IN BUILDING			Property Outside Building
Mobile Equip.	Accessories	Other Stock	
(1) Inventory value on latest inventory dated			
(2) Inventory value on prior inventory dated*			
(3) Maximum amount at risk during year did not exceed			
(4) Average values at risk during year			
(5) Estimated average amount of property of others during the past twelve months			

*Inventory must be at least six months prior to latest inventory.

9. ELSEWHERE, I. E., OUT ON TRIAL, APPROVAL, EXHIBIT, ETC.

- A. Inventory value on latest inventory dated _____ \$
- B. Inventory value on prior inventory dated* _____ \$
- C. Maximum amount at risk during year did not exceed _____ \$
- D. Total _____ \$

*Inventory must be least six months prior to latest inventory.

10. Repair Operations

- A. Annual Gross Receipts _____ \$
- B. Premises & Building description if different than sales operation:

C. Limit Required _____

NOTE A: Exact monthly inventories for the last twelve months shall be furnished, if available, by location and showing date of each, in lieu of items numbered 1, 2 and 3.

NOTE B: If the policy is to exclude coverage of specifically identified property owned by a named person, firm or corporation other than the Applicant, the values thereof should be excluded in furnishing the foregoing figures. The information contained herein, has been prepared from our records and is true and correct to the best of my knowledge and belief.

(Date)

(Signature of Applicant)

(Title or Position)