



## MONARCH E&S INSURANCE SERVICES

2540 Foothill Blvd, Suite 101, La Crescenta, CA 91214

Tel (818) 249-0100 • Fax (818) 249-1166

### PROFESSIONALLY USED EQUIPMENT APPLICATION

*(please answer all questions)*

1. NAME OF APPLICANT: \_\_\_\_\_  
\_\_\_\_\_

2. RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

4. A) Occupation: \_\_\_\_\_

B) Has been a professional in this business for \_\_\_\_\_ years.

5. A) Age \_\_\_\_\_ B) Martial Status \_\_\_\_\_

6. Total value of property to be insured: \$ \_\_\_\_\_

7. A) Where are the items stores when not in use? \_\_\_\_\_

B) If property location in brush, please advise the following:

1) Brush Clearance \_\_\_\_\_

2) Roof Type \_\_\_\_\_

8. Do the above premises have:

a) Central Station Alarm? \_\_\_\_\_

b) Local Alarm? \_\_\_\_\_

c) Smoke Alarm? \_\_\_\_\_

d) Dead Bolt Locks? \_\_\_\_\_

e) Full-Security Building? \_\_\_\_\_

f) Guards/Guard Dogs on premises? \_\_\_\_\_

9. Has applicant sustained any losses during the past 3 years which would have been covered under this type of insurance? \_\_\_\_\_

If yes, please give date, circumstances of loss, and amount of loss. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Has any form of insurance ever been cancelled or declined. \_\_\_\_\_

If yes, please give date, circumstances of loss, and amount of loss. \_\_\_\_\_  
\_\_\_\_\_

11. Previous insurer, expiration date and policy number. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Loss payee (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. General Information – Explain all “yes” responses below:

	YES	NO
a) Equipment rented or loaned to/from other with/without operators?	_____	_____
b) Property used underground, on or under water, in the air, or for stunts?	_____	_____
c) Does applicant travel out of the country with equipment? Overseas shipments?	_____	_____
d) Is applicant a member of a band?	_____	_____

If yes, give number of band members, number of years together as a band and ages of all members?  
\_\_\_\_\_

Explain all “YES” responses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Territorial Limits:

- \_\_\_\_\_ Specified premises (on premises only) or in transit between said premises.
- \_\_\_\_\_ Continental US and Canada
- \_\_\_\_\_ Worldwide limited (as per endorsement T-4)

15. Described term of coverage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Broker/Agent \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coverage provided upon receipt and acceptance of this application, including premium deposit and accredited appraisal where required.

This insurance is issued pursuant to the California Insurance Code, Sections 1760 through 1780. and the policy is issued by a non-admitted insurer not subject to regulation by the California Department of Insurance, and the provisions of Article 15.2 (commencing with Section 1063) of Chapter 1 of Part 2 of Division 1, creating the California Insurance Guarantee association, do not apply to any policy underwritten by a non-admitted insurer.