

Machinery & Equipment Breakdown Insurance Quotation

NAME OF INSURED _____

MAILING ADDRESS _____

AGENCY NAME AND CONTACT	PRODUCER NUMBER 8230820	HSB USE ONLY
MAILING ADDRESS	PHONE AND FAX NUMBER	

COVERAGE DESIRED: FREESTYLE COMPREHENSIVE BLANKET GROUP

Address	Location #1	Location #2	Location #3
Insured Contact Name & Phone No.			
Type of Business (describe)			
SIC Code			
100% Building Replacement Value			
100% Machinery and Equipment Replacement Value			
100% Contents Replacement Value including the 100% Machinery & Equipment Replacement Value *			
Annual 100% Business Interruption Value			
Value of Perishable Goods			
Square Footage of Building or Leased Space			
Type of Heating System			
Largest or Most Expensive Piece of Equipment			
Package Deductible			
Is insured a Tenant or Owner?			

EXPIRING MACHINERY BREAKDOWN PREMIUM	PRESENT CARRIER	5 YR. EQUIPMENT BREAKDOWN LOSS HISTORY (ATTACH IF NECESSARY)
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*Include Property for which you are legally liable. Exclude inventory from contents.

HSB QUOTATION SUMMARY (to be completed by HSB)

COVERAGE TYPE	_____	(DEFINITIONS ATTACHED)
Property Damage Limit	_____	Deductible _____
Business Interruption Limit	_____	Deductible _____
Extra Expense Limit	_____	Deductible _____
Consequential Limit	_____	Deductible _____

Quoted by _____ Annual Premium _____

Remarks: _____

AGENT TO COMPLETE BEFORE COVERAGE CAN BE BOUND

Any person who, with intent to defraud or knowing that this is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

The values shown above (or attached) are accurate as of this date: _____

Signed by: _____ Proposed effective date: _____

Additional Commentss: _____

HSB USE ONLY	APPROVED BY	DATE
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