

# ARGENIA, LLC

## Equipment Application

Originating Broker: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Equipment	
<input type="checkbox"/> Forestry or Logging	<input type="checkbox"/> Farm
<input type="checkbox"/> Construction	<input type="checkbox"/> Personal
<input type="checkbox"/> Mining	<input type="checkbox"/> Excavation
<input type="checkbox"/> Other: _____	

<b>Applicant's Name:</b> _____			
<b>Address:</b> _____		<b>Phone:</b> _____	
<b>City:</b> _____	<b>County:</b> _____	<b>St.:</b> _____	<b>Zip:</b> _____

Years in Business: _____	Years Experience: _____	Is Equipment Serviced Regularly: _____
Does Insured Own other Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes – Value: \$ _____
Is Equipment left at Job Site: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: What Security Measures are in place: _____		
Does Agent write any other Insurance for Applicant: _____		

<b>Prior Carrier:</b> _____
<b>Was Insured Cancelled or Non-Renewed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Reason:</b> _____
<b>Any Prior Losses</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Loss History – Enter all claims or Losses (regardless of fault & whether or not insured) or occurrences that may give rise to claims for the prior 5 years. List all Insured previous Fire Losses, Dates & Amounts

Date of Occurrence	Description of Loss	Date of Claim	Amount Paid	Amount Reserved	Claim Status

### Equipment Information

Year	Make & Model	Serial Number	ACV – Amount of Coverage

**Type of Coverage:**      **ALL Risk**       **Named Perils**   
**Deductible:** \$ \_\_\_\_\_      **Total Premium:** \$ \_\_\_\_\_

<b>Loss Payee:</b> _____
<b>Address:</b> _____ <b>City/State/Zip:</b> _____

The undersigned certifies the above statement to be true, and has not knowingly suppressed or misstated any material facts. The undersigned further understands that the above statements form a basis of acceptance by the insurance company and that any material misrepresentation or concealment may void payment of claim and/or insurance coverage.  
 Disclosure to Surplus Lines Insured. Only applicable to non-admitted business.  
 The undersigned acknowledges that he/she has been informed that the insurance risk for which he/she desired coverage has been placed pursuant to the Surplus Line Insurance Law; and that he/she understands that the insurance company's rates and form are not subject to the review of the Arkansas Insurance Department, that the protection of the Arkansas Property and Casualty Guaranty Act does not apply to policies written pursuant to the Surplus Line Insurance Law, and that a tax of 4% is required by law to be collected on all surplus line insurance premiums.

**Binding:** 1) Application must be completed in entirety and signed by applicant to be accepted.  
 2) Application will be bound upon #1 above and the post-mark date of the envelope mailed to Argenia with the following exceptions:  
 3) Application may be bound prior to post-mark date, if #1 is met, upon date application is received via fax by Argenia, LLC.

**Date Signed** \_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_  
**Requested Effective Date** \_\_\_\_\_ **Broker's Signature** \_\_\_\_\_