



**TOOL AND EQUIPMENT
APPLICATION SUPPLEMENT**

Submission/Policy Number: _____ Proposed Effective Dates: FROM: _____ TO: _____
Name _____

INLAND MARINE COVERAGE FOR INSURED'S/EMPLOYEES' TOOLS AND EQUIPMENT

Amount of coverage desired: \$ _____ Deductible per occurrence: \$ _____

YOU MUST SCHEDULE EVERY ITEM VALUED AT \$1,000 OR MORE FOR WHICH COVERAGE IS TO APPLY.

Item #	Name of Owner and Item Description	Manufacturer	Serial Number	Value/Limit

INSURANCE HISTORY AND LOSS EXPERIENCE

Has insurance company canceled or nonrenewed your policy in the last 3 years? Yes No

(Missouri Applicants - Do not answer this question.)

If yes, explain: _____

Prior Carrier Effective Dates From - To	Prior Carrier Name	Policy Number	# Losses	Loss Amount	Description of Loss