AGENCY CUSTOMER ID: ____________________

ACORD®

COMMERCIAL INLAND MARINE SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER	NAIC CODE
Mid America Specialty Markets			
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED	

SUMMARY INFORMATION

SCH #	LOC #	BLD #	CLASS CODE	SUBCLASS CODE	DESCRIPTION	SCH Y / N	NUM ITEMS	VALU-ATION	BLKT #	MAX ITEM VALUE	% COINS
1										$	%
2										$	%
3										$	%
4										$	%
5										$	%
6										$	%
7										$	%
8										$	%
9										$	%
10										$	%

COVERAGES / CAUSES OF LOSS

SCH #	POL LVL Y / N	COV CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	LIMIT	LIMIT APPLIES TO	DED	DED TYPE	OPT CODE	% COINS	PREMIUM
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$

EQUIPMENT STORAGE

LOC #	BLD #	NUM MOS	MAXIMUM VALUE INSIDE	MAXIMUM VALUE OUTSIDE	TYPE OF SECURITY
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	

Attach to ACORD 125

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GENERAL INFORMATION - EQUIPMENT

EXPLAIN ALL "YES" RESPONSES	Y / N
1. EQUIPMENT RENTED, LOANED TO OTHERS WITH / WITHOUT OPERATORS?	
2. EQUIPMENT RENTED, LOANED FROM OTHERS WITH / WITHOUT OPERATORS?	
3. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	
4. PROPERTY USED UNDERGROUND?	
5. ANY WORK DONE AFLOAT?	

ADDITIONAL INTEREST ☐ ACORD 45 Attached

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE ☐	POLICY ☐	SEND BILL	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE						LOCATION: / BUILDING:
☐ LIENHOLDER						SCHEDULE NUMBER:
☐ LOSS PAYEE						ITEM NUMBER:
☐						ITEM DESCRIPTION:
	REFERENCE / LOAN #:		INTEREST END DATE:			
	LIEN AMOUNT:		PHONE (A/C, No, Ext):			
REASON FOR INTEREST:			E-MAIL ADDRESS:			

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE ☐	POLICY ☐	SEND BILL	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE						LOCATION: / BUILDING:
☐ LIENHOLDER						SCHEDULE NUMBER:
☐ LOSS PAYEE						ITEM NUMBER:
☐						ITEM DESCRIPTION:
	REFERENCE / LOAN #:		INTEREST END DATE:			
	LIEN AMOUNT:		PHONE (A/C, No, Ext):			
REASON FOR INTEREST:			E-MAIL ADDRESS:			

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE ☐	POLICY ☐	SEND BILL	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE						LOCATION: / BUILDING:
☐ LIENHOLDER						SCHEDULE NUMBER:
☐ LOSS PAYEE						ITEM NUMBER:
☐						ITEM DESCRIPTION:
	REFERENCE / LOAN #:		INTEREST END DATE:			
	LIEN AMOUNT:		PHONE (A/C, No, Ext):			
REASON FOR INTEREST:			E-MAIL ADDRESS:			

REMARKS