



Coverage Effective Date:

Applicant Information

Insured:	Principal:
FEIN	DOB
Address:	
Phone #: ()	

Equipment Schedule

No	Year	Description	Serial #	Purchase Price before trade or discounts	Fire Extinguisher (Red)* Y / N	Coldfire / Loaded Stream Exting. * (Silver) Y / N	Approved Automatic Fire Suppression ** Y / N	Date of last AFS Service / Inspection ***
1								
2								

* Extinguishers must be machine mounted & serviced/tagged every 6 months

** Manufacturers of approved systems are Fogmaker, AFEX, Amerex, Ansul, DAFO, Kiddie

*** To qualify for the ALI Program, approved Automatic Fire Suppression must be professionally mounted on your equipment and must be inspected every six (6) months by an approved vendor. **The next section must be completed.**

Automatic Fire Suppression System Information

Unit # (s)	
Brand:	
MM/DD/YY of Installation/Service	
Installing/Service Vendor:	
Unit # (s)	
Brand:	
MM/DD/YY of Installation/Service	
Installing/Service Vendor:	

Loss Payee (s)

Unit(s)	Name & Address (Street/PO Box, City, State, Zip)

Broker Information

Name:	
Address:	
Phone #:	()
E-mail:	
Fax #:	()

Insured warrants that above information has been supplied to his best knowledge and belief and that no material fact has been omitted which would otherwise affect Insurer’s consideration of the risk. Insured acknowledges that the above information forms the basis of the contract with Insurers and that any intentionally incorrect or inaccurate responses may void coverage hereinafter provided. Insured warrants that during the last five (5) years, insured has not been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime.

Insured Signature: _____ **Date:** _____

Broker Signature: _____ **Date:** _____
--- no coverage can be afforded prior to date signed---

Please submit to: Email: service@varneyunderwriters.com | Website: www.varneyunderwriters.com
Phone: (207) 262-3876 | Address: 32 Oak St, Bangor ME 04401