

New Hampshire Insurance Company
**“SPECIAL RISK” BUSINESS EQUIPMENT
 INSURANCE PLAN APPLICATION**

**NOTE: RESIDENTS OF FLORIDA, IOWA, KENTUCKY, NEW JERSEY, OREGON AND UTAH
 PLEASE CALL ADMINISTRATOR FOR CORRECT APPLICATION.**

HOW TO APPLY:

1. Complete, date and sign this application. List all the equipment you want insured and its current replacement cost.
2. Calculate your premium following the easy steps below. There is no limit to the amount of insurance you can apply for. However, your application will be individually analyzed. Acceptance may be subject to additional underwriting information.
3. Mail your completed application and credit card authorization or check made payable to Seabury & Smith, to:
 Marsh Affinity Group Services • a service of Seabury & Smith, Inc.
 P.O. BOX 14575 • Des Moines, IA 50306-3575

Questions: 1-800-503-9230
Fax #: 515-365-6338

(Please Type or Print)

MISC - Q

1. Name of person and/or entity to be insured _____
2. Mailing Address and Premises Location _____
 City _____ State _____ County _____ ZIP _____
3. Other Locations Where Equipment is Kept _____
4. Website _____
5. Home Phone (_____) _____ Business Phone (_____) _____
6. E-mail Address (optional) _____ Fax # _____
7. **Please indicate which applies to you (applicant):**
 Individual Partnership Corporation LLP (Limited Liability Partnership) LLC (Limited Liability Corporation)
 If corporation, LLP or LLC applies, please indicate your FEIN: _____

SCHEDULE OF EQUIPMENT

8. Use this listing to describe all equipment you wish to insure.

Description

(Including Manufacturer’s Name, Model, and Serial Numbers or Other Identification)

**Original Purchase Price
 Per Item**

**Replacement Cost
 Per Item**

(If additional space is necessary, please attach an additional sheet)

Description	Original Purchase Price Per Item	Replacement Cost Per Item

9. To calculate your premium complete the following:
 - A. Total amount of Replacement Insurance \$ _____
 - B. Annual Premium – based on \$2.00 per \$100 of Insurance
 (NOTE: Minimum premium \$25.00) \$ _____
 - C. Total Amount Enclosed \$ _____

10. List any losses to your equipment during the past 3 years including dollar amount (Missouri applicants need not reply)

11. Has any company refused, cancelled, or non-renewed your insurance due to losses sustained (Missouri applicants need not reply)
 YES NO
 Name of insurance company _____

12. Is your equipment currently insured? YES NO NO PRIOR COVERAGE

If yes, please provide for the past 3 years:

Effective Date	Expiration Date	Insurance Company	Annual Premium

13. Do you have any other insurance coverage on your business? YES NO N/A

If yes, please provide the company name, policy number, and expiration date. _____

BILLING OPTIONS

Enclosed is my check for \$ _____

Coverage will become effective the date the administrator receives and approves this application.

I authorize Seabury & Smith to charge my: Visa MasterCard Amount \$ _____

Credit Card Number _____ Expiration Date _____

Print name exactly as it appears on card _____

Marsh Affinity Group Services, a service of Seabury & Smith
75 Remittance Drive, Suite 1788 • Chicago, IL 60675-1788
1-800-503-9230

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.



NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

IMPORTANT: Signing this Application shall not constitute a Binder or obligate the Company to provide this insurance, but it is agreed this Application shall be the basis on which a policy may be issued. Coverage will become effective upon approval of this Application and receipt of your premium check.

Marsh earns and retains interest income on premiums held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

Marsh & McLennan Companies, Inc. and its subsidiaries own equity interests in certain insurers and wholesale brokers. Information regarding such interests and contracts is available at <http://global.marsh.com/about/Transparency.php>.

In this transaction, Marsh is acting as the exclusive insurance agent and program manager for New Hampshire Insurance Company ("insurer") for this type of coverage, and not as your insurance broker. As the agent for insurer, Marsh will perform all of the functions necessary to underwrite, quote, and upon your acceptance, issue this insurance coverage for you or your entity.

The premium quoted includes 28% commission payable to Marsh. Your premium payment indicates your consent to this commission for this policy period and subsequent renewals, including any changes in commission rates at any such renewal.

Agent/Producer Name _____ License # _____

YOU MUST SIGN AND DATE THIS APPLICATION

Signature **X** _____ Date _____

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EQP-E-SPECIAL RISK

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“Special Risk” Business Equipment Insurance Plan

Includes Computer Coverage!

Protect all of Your Business Related Equipment

Enroll in the “Special Risk” Business Equipment Plan ...

... because most homeowner’s policies won’t cover your business related equipment at your office ... at home ... or in your car.

You’ve spent a lot of your hard-earned money building up the collection of equipment used in your profession. Isn’t it worth protecting? No matter how careful you are, your equipment can be lost or damaged by vandalism, fire, lightning, and more important ... theft.

If something happened to your computer equipment, you’d not only lose your investment, but you’d probably also have to pay additional expenses such as temporary rental fees and reprogramming costs. The “Special Risk” Business Equipment Insurance Plan not only covers your business equipment for damage or loss but can pay these additional expenses as well. And, you can insure all of your equipment – even traditional office equipment – for a low cost you probably won’t find anywhere else.

WIDE COVERAGE AVAILABLE: This Plan insures your professional business equipment, computer equipment, traditional office equipment – anything used in conjunction with your profession. For example, computer printers, video equipment, modems, copiers, typewriters ... almost anything.

FROM ALMOST EVERY IMAGINABLE CAUSE OF LOSS OR DAMAGE: The Plan covers loss or damage due to theft, breakage, water, vandalism, lightning, fire and other natural hazards. In addition to this “Special Risk” protection, coverage is also extended for loss or damage due to mechanical breakdown, electrical disturbances to computer equipment caused by lightning.

ALL THE TIME, WHEREVER IT IS: Equipment is covered everywhere ... at the office, while in transit in your car trunk or on location. Wherever your equipment is located, it’s protected – 24 hours a day, 365 days a year.

Special Features

- \$10,000 extra expense coverage to pay for the additional expenses necessary when computer equipment is damaged or lost, if specifically scheduled.
- Low deductible of \$100 per claim.
- Claims based on actual replacement cost up to the scheduled amount.

- Coverage for theft.
- Coverage for equipment when it’s off-premises or in transit.
- The cost of this Plan may be tax-deductible as a normal business expense.

Important Questions and Answers

Q. Do I have to insure all my equipment?

A. No. You insure only what you own and want to insure. That’s an important advantage because if you work for a firm, the firm may already have coverage for equipment that is permanently kept on premises. Once that equipment is moved off premises however, it may no longer be covered. Since this Plan covers your owned equipment no matter where it’s located, you can purchase it to protect only the equipment you normally take off-premises.

Q. Could I need this insurance if I already have coverage under my homeowner’s policy?

A. Yes. The standard homeowner’s policy does not cover equipment used strictly for business purposes. While your computer equipment may be covered if it’s also used for personal matters, your other business equipment is not covered. And if you take your computer equipment out of your home, it may no longer be protected.

Q. What’s the minimum premium required under this Plan?

A. Unlike many other equipment policies that require you to pay minimum premiums in the hundreds of dollars, the “Special Risk” Business Equipment Insurance Plan has only a \$25.00 minimum annual premium. So if you’re just starting to build your equipment collection, or you only wish to cover some of your business equipment, you can do so without paying extra for coverage you don’t need.

Q. What if my computer has a short circuit and breaks down. Am I covered?

A. Yes, if the short circuit was caused by lightning. This coverage is almost always excluded from other business equipment plans.

Q. Any other coverage I should know about?

A. Yes. This Plan provides an automatic \$10,000 of extra coverage on all computer equipment to cover the extra

expenses you may incur when your equipment is damaged or lost. This includes the cost for replacement software, reprogramming and rental of temporary equipment while yours is being replaced or repaired ... extra coverage at no extra cost.

Q. What will happen if I buy new equipment?

A. If your newly acquired equipment is less than 25% of your policy limit, you receive automatic coverage for up to 45 days when you purchase or take custody of the additional equipment. You have 45 days to notify the Insurance Administrator and you will then be billed for the additional insurance.

Should your newly acquired equipment exceed 25% of your policy limit – notify the Insurance Administrator immediately. You will be billed for the additional coverage.

Q. What kind of reimbursement can I expect?

A. This Plan pays you the actual cost of repair or replacement. No matter how old your equipment is, no depreciation factor is taken into account as long as equipment is insured for full current replacement value. Claims are settled on a “new for old” basis.

Disclaimer

This product description is for informational purposes only and does not provide a complete description of coverage terms, conditions, exclusions and limits. This coverage is underwritten by New Hampshire Insurance Company, a member company of American International Group.

It's Easy to Apply ...

1. Complete, date and sign the brief application. Be sure to list all the equipment you want insured and its current replacement cost. (Make a photocopy of the application for your records and refer to it at policy renewal time.)
2. Calculate your premium at the rate of \$2.00 per \$100 of equipment value.
3. Mail your completed application and check made payable to:

Marsh Affinity Group Services
a service of Seabury & Smith, Inc.
P.O. BOX 14575
Des Moines, IA 50306-3575

Sponsored By Your Organization

Administered By:

MARSH

Affinity Group Services
a service of Seabury & Smith, Inc.

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Call Toll Free:
1-800-503-9230

