



Travelers Boiler & Machinery

Need By Date _____

BOILER APPLICATION

Name of Insured _____ Proposed Effective Date _____

Mailing Address _____

Location Address _____

of Boilers _____
(Attach schedule if more than one location)

Number

Inspection Contact _____ Phone # (_____) _____

Nature of Business _____ Building Owner / Tenant *(circle one)*
(Please complete the Cold Storage or Manufacturing with Production Machinery section, if applicable)

100% Building Replacement Cost *(per location)* _____

Age of Buildings _____ Rennovated _____

100% Contents Replacement Cost *(per location)* _____

Limits Desired: Property Damage _____ Business Interruption _____

Annual Business Income Value(s) _____ Net Gross

Package Deductible \$1000 \$2500 \$5000 Other _____

Any B & M losses in the last 5 years? Yes No *(if yes, attach details)*

Comments on Loss Info:

Please complete the following if Cold Storage or Manufacturing with Production Machinery.

Cold Storage	Manufacturing w/Production Machinery
What is the maximum value in any one cooler at any one time? \$ _____	Replacement cost of most expensive piece of equipment \$ _____
Number of coolers? _____	Function? _____
Consequential damage limit desired? \$ _____	Foreign or Domestic Mfg. _____
Is coolant ammonia <input type="checkbox"/> Yes <input type="checkbox"/> No	What percentage of production does particular machinery affect? _____%
If Yes, limit desired \$ _____	Total machinery and equipment value \$ _____
	Are there stamping/punch/forging presses? _____

(If additional space required, please provide details on separate page)

Current Carrier _____ Pricing History _____

Agency Name _____ Agency State _____

Agency Contact _____

Agency Phone # _____ Fax # _____

Please sign _____ Date _____
(04/00 c/s)