



Medical Diagnostic & Scientific Equipment

Please attach to Basic App or ACORD 125.

Limit of Insurance: \$ _____ any 1 loss

Deductible: \$ _____ (\$1,000 minimum)

OPTIONAL COVERAGES

To apply for a coverage, mark the box and complete any supplemental questions.

Earthquake Flood Off-Premises Power Interruption

Breakdown Coverage

- Deductible (if different than policy deductible): \$ _____
- Is a comprehensive, preventive maintenance contract in effect? Yes* No
- * If yes, please provide details and attach a copy of the contract or warranty.

Business Income

Item #	Total Limit	# hrs. in use/day	Gross Annl Earnings

- Waiting period if other than 3 day minimum: _____ days
- Describe formal disaster plan for use of substitute facilities and/or equipment: _____
- What is expected delivery time for similar units in case of new replacement? _____ days
- A Business Income Insurance worksheet has been completed and attached.

ENVIRONMENT/ LOSS CONTROL

- All equipment located above grade level? Yes No
- Hand extinguishers? Yes No
- Smoke/heat detectors? Yes No
- Automatic fire suppression system? Yes* No
- *Identify agent (water, Halon, CO₂, Inergen) _____
- Smoke-activated automatic dampers? Yes No
- Lightning and power surge protectors? Yes No
- Uninterrupted Power Source Drive (UPS)? Yes No
- Backup power system? Yes No
- Other Occupants on premises? Yes* No
- *If so, describe for each covered location (attach list if necessary): _____

LEASED LOANED & RENTED EQUIPMENT

- Is property ever leased or loaned to others? Yes No If so, attach copy of agreement
- Is property ever leased or loaned from others? Yes No If so, attach copy of agreement

DESCRIBE SECURITY MEASURES

Alarms:

Restricted Areas:

Guards:

MOBILE EQUIPMENT...

Is part of a self-propelled unit OR a trailer which must be towed OR Is off-loaded from vehicle and left at premises of others (portable).

Any built-in alarm system? Yes No

Built-in automatic fire suppression system? Yes No

Where is mobile unit kept when not in use?

What security is available at this site? (Fences? Alarm system? Watchman?)

Radius of operations: _____ miles

How frequently is equipment moved? _____

Who moves equipment?
 EMPLOYEES Attach schedule including names, dates of birth, license number, licensing state years of experience.
 COMMON/ CONTRACT CARRIER
 What is carrier's extent of liability and cargo insurance limit?

Sites where mobile equipment will be used:

Programs in effect: MVR Drug and Alcohol Testing Pre-Trip Safety Inspection
 Other:

What is the maximum value of mobile units at one location? \$
 At location # Address

REMARKS

SCHEDULE OF *FIXED* MEDICAL DIAGNOSTIC AND SCIENTIFIC EQUIPMENT TO BE INSURED

Location #: Building #: Occupancy:
 Construction:
 Address:

Item #	Year	Manufacturer	Model Name/Description	Serial #	Limit of Ins.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Location #: Building #: Occupancy:
 Construction:
 Address:

Item #	Year	Manufacturer	Model Name/Description	Serial #	Limit of Ins.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Location #: Building #: Occupancy:
 Construction:
 Address:

Item #	Year	Manufacturer	Model Name/Description	Serial #	Limit of Ins.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SCHEDULE OF *MOBILE* MEDICAL DIAGNOSTIC AND SCIENTIFIC EQUIPMENT TO BE INSURED

Item #	Year	Manufacturer	Model Name/Description	Serial #	Limit of Ins.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Values: Medical Eqmnt: \$ Spare Parts: \$
 Power Unit: \$ Trailer: \$

Item #	Year	Manufacturer	Model Name/Description	Serial #	Limit of Ins.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Values: Medical Eqmnt: \$ Spare Parts: \$
 Power Unit: \$ Trailer: \$

Item #	Year	Manufacturer	Model Name/Description	Serial #	Limit of Ins.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Values: Medical Eqmnt: \$ Spare Parts: \$
 Power Unit: \$ Trailer: \$

F.169 (6/07) Schedule

Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.