



Medical Diagnostic Equipment

Please attach to Basic App or ACORD 125.

Limit of Insurance: \$ _____ any 1 loss

Deductible: \$ _____ (\$500 minimum)

OPTIONAL COVERAGES AND ENDORSEMENTS

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

Earthquake

Flood

Off-Premises Power Interruption

Vacuum and Gas Tube Coverage
(based on specific usage)

Breakdown Coverage

- Deductible (if different than policy deductible): \$ _____

- Is a comprehensive, preventive maintenance contract in effect?

Yes* No

* If yes, please provide details and/or attach a copy of the contract.

Business Income

Item #	Limit ea. Bus. Day	Total Limit	# hrs. in use/day	Gross Annl Earnings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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 a similar unit 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, CO 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:

DESCRIBE SECURITY MEASURES

Alarms: _____

Restricted Areas: _____

Guards: _____

MOBILE EQUIPMENT...

Is part of a self-propelled unit.
 a trailer which must be towed

Is off-loaded from vehicle and left at premises of others.

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: _____

REMARKS

SCHEDULE OF FIXED MEDICAL DIAGNOSTIC EQUIPMENT TO BE INSURED

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

Item #	Year	Manufacturer	Model Name/Description	Serial #	Limit of Ins.

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

Item #	Year	Manufacturer	Model Name/Description	Serial #	Limit of Ins.

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

Item #	Year	Manufacturer	Model Name/Description	Serial #	Limit of Ins.

SCHEDULE OF MOBILE MEDICAL DIAGNOSTIC EQUIPMENT TO BE INSURED

Item #	Year	Manufacturer	Model Name/Description	Serial #	Limit of Ins.

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

Item #	Year	Manufacturer	Model Name/Description	Serial #	Limit of Ins.

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

Item #	Year	Manufacturer	Model Name/Description	Serial #	Limit of Ins.

Values: Medical Eqmnt: \$ _____ Spare Parts: \$ _____
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F.169 (6/97) 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.

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