



**Western Heritage**  
Insurance Company

**EQUIPMENT DEALERS – Supplemental Application**  
(To be included with ACORD Property Application)

Applicant's Name: \_\_\_\_\_ Agent Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

*Complete for Each Location*

Loc. No. \_\_\_\_ Loc. Address \_\_\_\_\_  
Type of merchandise sold: \_\_\_\_\_  
Watchman after working hours: Yes \_\_\_\_ No \_\_\_\_ Premises Lighted: Yes \_\_\_\_ No \_\_\_\_  
Premises Fenced: Yes \_\_\_\_ No \_\_\_\_ Type of Fence: \_\_\_\_\_ Height: \_\_\_\_\_  
Average Value per Unit: \$ \_\_\_\_\_ Maximum Value per Unit: \$ \_\_\_\_\_  
Maximum Value Inside: \$ \_\_\_\_\_ Maximum Value Outside: \$ \_\_\_\_\_  
Maximum number of units: Inside \_\_\_\_ Outside \_\_\_\_  
Are keys left in Outside equipment at any time? Yes \_\_\_\_ No \_\_\_\_  
Is equipment fitted with Anti-Theft Alarms, Locating Devices or Special Locking Devices?  
Yes \_\_\_\_ No \_\_\_\_ If Yes, please describe: \_\_\_\_\_  
Any merchandise kept outside of fence? Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_  
Maximum Total Value of Property of Others held for Servicing or Repair: \$ \_\_\_\_\_  
Transit Limit Requested \$ \_\_\_\_\_ How transported? \_\_\_\_\_  
Value of Off-Premises Property: \$ \_\_\_\_\_ How Protected? \_\_\_\_\_  
If requested, Value of:  
1. Furniture, Fixtures & Office Supplies: \$ \_\_\_\_\_  
2. Machinery, Tools and Fittings: \$ \_\_\_\_\_  
3. Patterns, Dies, Molds and Models: \$ \_\_\_\_\_  
4. Improvements & Betterments: \$ \_\_\_\_\_

Applicant Signature/Date \_\_\_\_\_

Agent Signature/Date \_\_\_\_\_