

INLAND MARINE APPLICATION

APPLICANT (Mailing Address):
Name: Address: City, State, Zip: Phone No.:

PRODUCER:
Name: Address: City, State, Zip: Phone No.:

LOCATION (if different from Mailing Address):
Name: Address: City, State, Zip: Phone No.:

Proposed Eff. Date	Proposed Exp. Date
Coverage Requested	

TERRITORY OF OPERATION

TYPE OF OPERATION

TYPE OF COVERAGE: Bailee's - Customer's Goods Installation Floater Other (Explain Below)
 Contractor's Equipment Miscellaneous Articles _____

UNDERWRITING INFORMATION

BAILEE'S - CUSTOMER'S GOODS	Yes	No	If yes, Type of System:
Alarm System?			
Sprinklered Building?			
Fire Alarm?			
Receipts issued to Customer?			
Pick-up and Delivery of Customer's Goods?			

CONTRACTOR'S EQUIPMENT	Yes	No	If Yes, indicate type(s) of Protection involved against Theft
Will Equipment Stay Overnight at Jobsite?			
Will Equipment be Rented to Others without Operators?			

INSTALLATION FLOATER	Cost of Materials		Cost of Labor	
Indicate Cost of Material and Labor for Work Performed				
Maximum Number of Jobs at Any One Time				
Percentage of Annual Installations	Dwellings		Commercial	
Type of Goods Installed				
Maximum Limits Required	Jobsite/Storage		Transit	
Type of Security / Safeguards at Jobsite?	Fencing		Lighting	
			Security Guards	
			Other	

MISCELLANEOUS ARTICLES	
Describe Type(s) of Protection Used Against Theft while at Jobsites & in Transit?	
Percentage of Time Insured Property will be Away from Premises?	
Personal Usage of Items?	

