



Inland Marine Select Product

MISCELLANEOUS ARTICLES INLAND MARINE APPLICATION

1. Applicants' Name: _____
2. Applicants' Address: _____
- Phone Number: _____ Email Address: _____
- Web Address: _____

3. Applicants' Equipment:
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Ambulance Equipment | <input type="checkbox"/> Go Karts | <input type="checkbox"/> Pool Cleaning Equipment | <input type="checkbox"/> Vending - Candy/Snacks |
| <input type="checkbox"/> Amusement Rides | <input type="checkbox"/> Golf Carts | <input type="checkbox"/> Radio or TV Studio Equipment | <input type="checkbox"/> Vending - Stamps |
| <input type="checkbox"/> ATM Machines | <input type="checkbox"/> Janitorial Equipment | <input type="checkbox"/> Recording Studio Equipment | <input type="checkbox"/> Vending - Videos |
| <input type="checkbox"/> Band Uniforms | <input type="checkbox"/> Laundry Equipment | <input type="checkbox"/> Rock Climbing Wall | <input type="checkbox"/> Videographer |
| <input type="checkbox"/> Catering Equipment | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Scientific Instruments | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Concession Stand-Mobile | <input type="checkbox"/> Mortician's Equipment | <input type="checkbox"/> Sports Equipment | |
| <input type="checkbox"/> DJ Equipment | <input type="checkbox"/> Musical Instruments – describe _____ | <input type="checkbox"/> Theater Property | |
| <input type="checkbox"/> Exhibition Property | <input type="checkbox"/> Photography Equipment | | |

4. Applicants' Years in Business: _____ Applicants' Years of Experience: _____

5. Has Applicant, majority owner, partner, or member filed for bankruptcy in the past five years? Yes No

6. Has this coverage been cancelled or nonrenewed, including for non-payment, in the past three years? Yes No

7. **Schedule of Property & Equipment for which coverage is requested:**

Item	Description (Year, Manufacturer & Model)	Serial Number	Limit of Insurance
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$

*Attach another page if necessary. **Total Scheduled** \$ _____

Blanket coverage description (if requesting blanket coverage) - individual items under \$2,500 in value:

Description	Largest Item	Total of Items
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$

*Attach another page if necessary. **Total Blanket** \$ _____

8. **Deductible**
- \$500 \$1,000 \$2,500 \$5,000 \$10,000



UNDERWRITING AND RATING INFORMATION

9. How many losses has the insured incurred in the past three years? _____
Total incurred amount? _____ Details: _____
10. Is the insured a Trucking risk or requesting Motor Truck Cargo Coverage? Yes No
11. Is insured's covered property or equipment salesperson's samples? Yes No
12. Is insured's covered property or equipment located on the water? Yes No
13. Is insured's property or equipment routinely sent by mail or parcel post? Yes No
14. Does the insured lease, loan or rent covered property or equipment to others? Yes No
15. Is any insured property or equipment on this schedule left unlocked and/or unsecured when not in use? Yes No
a. If so, is the place of storage protected by a central station alarm system? Yes No
16. Are any objects unique or difficult to replace? Yes No
17. Do any objects have value beyond their apparent worth due to being rare or collectible? Yes No
18. Prior Carrier _____ Policy Term _____ to _____ Premium \$ _____
19. Loss payee _____

Fraud Statement: Any person who knowingly and with the intent to defraud any insurance company or other person, files and application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the Application or in any affidavit made before or after a loss under the policy will be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for may render inaccurate, untrue or incomplete any statement made with the minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for non payment of premium."

Applicant's Signature _____ Title _____ Date _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____