

INLAND MARINE – PROPERTY AND BAILEE APPLICATION

DATE OF APPLICATION _____ **DESIRED EFFECTIVE DATE** _____

PART I: BUSINESS PERSONAL PROPERTY COVERAGE

1. Full company name (include dba) _____
2. Phone _____ Email _____
3. Do you own the building from which you operate? _____
4. Street Address, City, County, and Zip _____
5. Approximately how old is the building? _____
6. Primary construction (Brick, Steel, Wood, Cement or Other) _____
7. Does it have a central alarm for security and fire? _____
8. Is it sprinkled? _____
9. Is there a fenced yard where equipment is stored? _____
10. What is the square footage that you occupy in the building? _____ ft².
11. If you own the building what is the building's total square footage? _____ ft².
12. What is the total estimated replacement cost of your business personal property? Include all items such as furniture, copy machines, computers, phones systems, faxes etc. (basically office equipment) \$ _____

PART II: CONTRACTOR'S EQUIPMENT COVERAGE

1. What is the estimated replacement cost total of the contractors equipment that you can itemize and list on an inventory sheet? (For example: air movers, dehumidifiers, generators and specialty tools) \$ _____
2. Attach your inventory sheet(s) with item descriptions, model and/or serial numbers and replacement cost of each item.

An inventory list with individual items values is required to bind coverage.

PART III: BAILEE COVERAGE - Coverage of property entrusted to the insured for storage, repair, or servicing.

1. Are you required to carry a specified amount of coverage by a third party? _____
If Yes, what limit is required? \$ _____
2. What is your actual Bailee exposure? \$ _____
(The maximum amount of items at any given time in your custody or control)
3. Where will you store property in your custody? _____
(Add additional locations by attachment)
4. What would be the most transported at one time? \$ _____
5. Confirm Your Requested Coverage Limit \$ _____

PART IV: RENTAL EQUIPMENT COVERAGE - Optional

1. What is the maximum value of equipment you will rent at any one time?

\$ _____

We offer up to a \$50,000 limit of blanket coverage for rented equipment with a \$10,000 per item limit. Any requests for coverages outside of these ranges must be submitted in writing with a description and approximate value of items that may be rented.

PART V: CLAIMS HISTORY

1. Have you had any property claims in the past 5 years _____

If Yes, Explain. _____

2. Attach loss history from previous insurers (if applicable).

Loss history will be required to bind coverage. Coverage may be bound with a signed no known loss statement from the applicant as long as loss runs are provided within a reasonable amount of time after binding. Otherwise coverage will cancel.

IMPORTANT NOTICE

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

X

Applicant's Signature

Date

Print Name and Title

FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON