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INLAND MARINE PROGRAM

This program is designed for various classes of business that need Inland Marine coverage on a Mono-Line basis. Coverage endorsements used in the program will be ISO forms, as well as carrier specific endorsements, which will be based on the type of operation.

MINIMUMS: POLICY PREMIUM: \$350.00
 DEDUCTIBLE: \$500.00

SUBMIT

- Risks with sales over \$1 million
- Any risk with losses or loss reserves over \$2,500 in the past 3 years
- Operations involving Mining, Aviation, or Cranes
- Any Work over 3 stories
- Movers & Riggers
- Motor Truck Cargo – Trip Transit
- Vending Machines
- Medical Equipment
- Musical Equipment
- Cameras
- Ocean Marine

PROHIBITED

- Equipment used in Logging, Landfills, Underground, or Demolition
- Saw Mills (Portable or Fixed Location)
- Operations outside the United States
- Oil or Gas Drilling or Exploration Risks
- Prototype and/or One-of-a-Kind Risks
- Storage of Household Goods
- Waterborne Equipment
- Mobile Agriculture Equipment
- Personal Property with little or no Commercial Use
- Wood Grinders (Tub or Flat Bed)
- Equipment Rented from Others

Contractor's Equipment

All equipment must be operated by the Insured and/or his employees.
Equipment CANNOT be leased to others without an operator.

Types: Excavators, Lifts, Bulldozers, Backhoes, and Loaders

Coverage: All Risk
Named Perils - no theft

Rates:	All Risk	\$2.50	\$1,000 deductible
	Named Perils	\$1.75	\$1,000 deductible
		\$2.00	\$ 500 deductible

Maximum - Any One Item	\$ 50,000
Maximum - Schedule	\$250,000

Submit: Equipment used in Excavation, Remediation, Landfills or Land Clearing
Equipment used Adjacent to Water, for Underground Drilling or Crane Operators

Bailee's Coverage

Types: Goods that have been placed in the temporary **Care, Custody or Control** of the insured (e.g. Dry Cleaning, Machine Shops, Appliance Repair Operations)

Coverage: Broad

Rates: \$1.25 per hundred of value on Premises

Maximum - Any One Location	\$25,000
Maximum - 3 Locations - any one time	

Transit: \$ 100.00 flat rate for \$1,000 limits
Deductible: \$1,000 – submit for lower or higher

Installation Floaters

Types: Installation of Products at Jobsite(s)

Coverage: All Risk

Rates: \$0.15 per month X the Contract Price – not less than \$500 regardless of term

Maximum - Any Job	\$25,000
Maximum - 3 locations - any one time	

Transit: \$1,000 Limits Included
Deductible: \$1,000 - submit for lower or higher

Submit: Blanket coverage for all jobs during policy term Computers, Electronics, Sewers, Gas Lines, Electrical Lines, Towers

Miscellaneous Property Floater

Types: Inflatables, Mobile Equipment, Temporary Sales Booths, Portable Food Service Units, Items frequently away from Insured's Premises, Test Equipment

Coverage: All Risk
Named Perils - no theft

Rates:	All Risk	\$2.50	\$1,000 deductible
	Named Perils	\$1.75	\$1,000 deductible
		\$2.25	\$ 500 deductible

Maximum – Any Schedule \$25,000

Submit: Hand Tools and Trailers - including stock/portable property

Additional Commercial Risks (written on a Submit basis)

No Personal Lines

- Accounts Receivable
- Farm Equipment
- Air Cargo
- Boat Dealers
- EDP
- Equipment Dealers
- Fine Arts
- Motor Truck Cargo
- Riggers
- Signs
- Valuables Papers
- Vending Machines
- Warehouseman's Legal

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 of Items while at Jobsites & in Transit?	
Percentage of Time Insured Property will be Away from Premises?	%
Personal Usage of Items?	%

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$150 plus tax
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Insured:
Type of Coverage:

Insurer:

Policyholder/Applicant's Signature

Certain Underwriters at Lloyd's

Print Name

Policy Number to be agreed

Date

LMA9184
09 January 2020