

**INLAND MARINE APPLICATION**

(must be submitted with Acord Form 125 or equivalent)

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	
Alarm System?			<b>If yes, Type of System:</b> _____
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**

Indicate Cost of Material and Labor for Work Performed	Cost of Materials		%	Cost of Labor		%		
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?	

**GENERAL INFORMATION**

Deductible Requested
\$

% Co-Insurance (optional) - Contractor's Equipment ONLY
%

Gross Revenue
\$

	Yes	No	If yes, Indicate Reason Why	
Has any Insurance Ever Been Canceled or Declined in the Past 3 yrs?				
Has the Applicant been the subject of any Bankruptcy Proceedings in the Past 3 yrs?				
What is the Maximum Radius of Operation of the Applicant's Business?	Under 300 Miles			Over 300 Miles

**ADDITIONAL INTERESTS / CERTIFICATE RECIPIENTS (Attach Separate sheet if necessary)**

Name & Address			Name & Address		
Interest		Certification Required	Interest		Certification Required

**EQUIPMENT SCHEDULE**

**SCHEDULED EQUIPMENT / ITEMS**

#	Model Year	Description (Type, Manufacturer, Model #)	Serial or I.D. #	New or Used	Amount of Insurance	Rate (Company Use ONLY)

ATTACH TO APPLICANT INFORMATION SECTION