

INSURANCE CORPORATION OF HANNOVER

SPECIAL INLAND MARINE APPLICATION

PRODUCER CODE	PRODUCER LICENSE #	EFFECTIVE DATE	EXPIRATION DATE	POLICY #	TODAY'S DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PRODUCER	SUB-PRODUCER	APPLICANT'S FIRST NAME		APPLICANT'S LAST NAME	HOME PHONE #
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
PRODUCER'S ADDRESS		CO-APPLICANT'S FIRST NAME	CO-APPLICANT'S LAST NAME		BUS PHONE #
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
CITY	ST	ZIP	APPLICANT'S ADDRESS		NAIC CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
PRODUCER CONTACT	PRODUCER PHONE #	APPLICANT'S CITY	ST.	APPLICANT'S ZIP	CO/PLAN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT INFORMATION:

APPLICANT'S OCCUPATION (State nature of business if self-employed or retired)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS W/CURR EMPL.	YEARS W/PRIOR EMPL.	MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CO-APPLICANT'S OCCUPATION (state nature of business if self-employed or retired)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS W/CURR EMPL.	YEARS W/PRIOR EMPL.	MARITAL STATUS	DATE OF BIRTH	SOCIAL SECURITY #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LOCATION INFORMATION

LOCATION #1 STREET (if different from above)	LOC #2 STREET
<input type="text"/>	<input type="text"/>
LOCATION #1 CITY	LOCATION #2 CITY
<input type="text"/>	<input type="text"/>
STATE	STATE
<input type="text"/>	<input type="text"/>
ZIP	ZIP
<input type="text"/>	<input type="text"/>
NUMBER OF YEARS AT PRESENT PRIMARY RESIDENCE	NUMBER OF YEARS AT PRIOR PRIMARY RESIDENCE
<input type="text"/>	<input type="text"/>

	LOCATION #1	LOCATION #2
CONSTRUCTION TYPE?	<input type="text"/>	<input type="text"/>
YEAR BUILT? (if older than 1960, provide renovation details)	<input type="text"/>	<input type="text"/>
USAGE? (Primary, secondary, ETC)	<input type="text"/>	<input type="text"/>
NUMBER OF FAMILIES?	<input type="text"/>	<input type="text"/>
PROTECTION CLASS?	<input type="text"/>	<input type="text"/>
DISTANCE TO FIRE HYDRANT:	<input type="text"/>	<input type="text"/>
DISTANCE TO FIRE STATION?	<input type="text"/>	<input type="text"/>
FIRE PROTECTIVE DEVICES? (C/S, Direct, Local)	<input type="text"/>	<input type="text"/>
BURGLAR PROTECTIVE DEVICES? (C/S, Direct, Local)	<input type="text"/>	<input type="text"/>
OTHER PROTECTIVE DEVICES:	<input type="text"/>	<input type="text"/>

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED "YES" PLEASE PROVIDE DETAILS IN THE REMARKS SECTION

OCCUPIED DAILY?

SAFE/VAULT?

ANY DOMESTIC EMPLOYEES? (duties, age, length of service)

IS BUILDING UNDERGOING ANY RENNOVATION?

IS PROPERTY WITHIN 5 MILES OF COASTAL WATERS? (if so, answer the following questions)

DO ALL EXTERIOR OPENINGS HAVE STORM SHUTTERS?

PROXIMITY TO WATER

WHAT IS THE ELEVATION OF THE PROPERTY?

WHAT IS ROOF TYPE?

FOUNDATION TYPE? (Slab, Basement, Stilts, etc.)

LOCATION #1

LOCATION #2

YES

NO

YES

NO

YES

NO

YES

NO

BRUSH CLEARANCE (All sides)

YES

NO

SLOPE

IF YES, GIVE THE DEGREE OF SLOPE

WHAT IS ROOF TYPE?

FOUNDATION TYPE? (Slab, Basement, Stilts, Etc.)

ON AVERAGE, HOW MANY TIMES DO YOU TRAVEL PER YEAR?

DOMESTIC _____

OVERSEAS _____

LOSS HISTORY: LIST ALL LOSSES WITHIN THE LAST 5 YEARS, WHICH WERE OR WOULD HAVE BEEN COVERED BY THIS INSURANCE

DATE OF LOSS:

TYPE:

DESCRIPTION OF LOSS:

AMOUNT (paid or reserved):

COVERAGES:

PLEASE ATTACH A DETAILED LISTING INCLUDING THE VALUE OF EACH SCHEDULED ITEM.

SCHEDULED PROPERTY	AMOUNT OF INSURANCE	RATE	PREMIUM	UNSCHEDULED PROPERTY	AMOUNT OF INSURANCE	RATE	PREMIUM
JEWELRY - IV	<input type="text"/>	<input type="text"/>	<input type="text"/>	JEWELRY-IV	<input type="text"/>	<input type="text"/>	<input type="text"/>
JEWELRY-OV	<input type="text"/>	<input type="text"/>	<input type="text"/>	JEWELRY-OV	<input type="text"/>	<input type="text"/>	<input type="text"/>
FURS	<input type="text"/>	<input type="text"/>	<input type="text"/>	FURS	<input type="text"/>	<input type="text"/>	<input type="text"/>
FINE ARTS	<input type="text"/>	<input type="text"/>	<input type="text"/>	FINE ARTS	<input type="text"/>	<input type="text"/>	<input type="text"/>
CAMERAS	<input type="text"/>	<input type="text"/>	<input type="text"/>	CAMERAS	<input type="text"/>	<input type="text"/>	<input type="text"/>
MUSICAL INSTRUMENT	<input type="text"/>	<input type="text"/>	<input type="text"/>	MUSICAL INSTRUMENTS	<input type="text"/>	<input type="text"/>	<input type="text"/>
SILVERWARE	<input type="text"/>	<input type="text"/>	<input type="text"/>	SILVERWARE	<input type="text"/>	<input type="text"/>	<input type="text"/>
MISCELLANEOUS	<input type="text"/>	<input type="text"/>	<input type="text"/>	MISCELLANEOUS	<input type="text"/>	<input type="text"/>	<input type="text"/>
PREMISES	<input type="text"/>	<input type="text"/>	<input type="text"/>	PREMISES	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRANSIT	<input type="text"/>	<input type="text"/>	<input type="text"/>	TRANSIT	<input type="text"/>	<input type="text"/>	<input type="text"/>
EARTHQUAKE	<input type="text"/>	<input type="text"/>	<input type="text"/>	EARTHQUAKE	<input type="text"/>	<input type="text"/>	<input type="text"/>

DEDUCTIBLES:

ALL PERIL DEDUCTIBLE: EARTHQUAKE DEDUCTIBLE: THEFT DEDUCTIBLE:
 WIND/HAIL DEDUCTIBLE: NAMED HURRICANE DEDUCTIBLE:

GENERAL INFORMATION:

(Explaining any "yes" answers in the remarks section)

	YES	NO		YES	NO
IS PROPERTY RETROFITTED FOR EARTHQUAKE	<input type="checkbox"/>	<input type="checkbox"/>	ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN CA & MO	<input type="checkbox"/>	<input type="checkbox"/>
WILL ANY PROPERTY BE EXHIBITED?	<input type="checkbox"/>	<input type="checkbox"/>	ANY FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST 5 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
WILL ANY SPECIAL RESTRICTION/ENDORSEMENTS APPLY?	<input type="checkbox"/>	<input type="checkbox"/>	RENTER AND CONDOS ONLY:	<input type="checkbox"/>	<input type="checkbox"/>
IS ANY PROPERTY USED PROFESSIONALLY/COMMERCIALY?	<input type="checkbox"/>	<input type="checkbox"/>	IS THERE A MANAGER ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
IS ANY BUSINESS CONDUCTED ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>	IS THERE A SECURITY ATTENDANT?	<input type="checkbox"/>	<input type="checkbox"/>
DURING THE LAST 10 YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY CRIME?	<input type="checkbox"/>	<input type="checkbox"/>	IS THE BUILDING ENTRANCE LOCKED?	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT PERSONAL INLAND MARINE CARRIER	AMOUNT OF COVERAGE	EXPIRATION DATE:	RISK NEW TO AGENCY
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

CURRENT HOMEOWNERS CARRIER	HOMEOWNER'S POLICY LIMIT:
<input type="text"/>	<input type="text"/>

SCHEDULE ATTACHED YES NO

REMARKS:

NOTICE OF INSURANCE INFORMATION PRACTICE

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILE AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE; AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE:	<input type="text"/>	DATE	<input type="text"/>	PRODUCER'S SIGNATURE	<input type="text"/>
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