

SPECIAL INLAND MARINE APPLICATION

PRODUCER CODE	PRODUCER LICENSE #	EFFECTIVE DATE	EXPIRATION DATE	POLICY #	TODAY'S DATE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
PRODUCER	APPLICANT FIRST NAME		APPLICANT LAST NAME		HOME PHONE #
PRODUCER ADDRESS	CO-APPLICANT FIRST NAME		CO-APPLICANT LAST NAME		BUS PHONE #
CITY	ST	ZIP	APPLICANT ADDRESS		NAIC CODE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
PRODUCER CONTACT	PRODUCER PHONE #	APPLICANT CITY	ST.	APPLICANT ZIP	CO/PLAN
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

APPLICANT INFORMATION:

APPLICANT'S OCCUPATION <small>(State nature of business if self-employed or retired)</small>	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS SCURR EMPL.	YEARS W/PRIOR EMPL.	MAR. STAT.	DATE OF BIRTH	SOCIAL SECURITY #
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
CO-APPLICANT'S OCCUPATION <small>(state nature of business if self-employed or retired)</small>	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS W/CURR EMPL.	YEARS W/PRIOR EMPL.	MAR STAT.	DATE OF BIRTH	SOCIAL SECURITY
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

LOCATION INFORMATION

LOCATION #1 STREET <small>(if different from above)</small>	LOC #2 STREET				
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
LOCATION #1 CITY	STATE	ZIP	LOCATION #2 CITY	STATE	ZIP
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

PREVIOUS ADDRESS (if less than 3 years)

<input style="width: 100%;" type="text"/>	YRS AT PREV ADDRESS
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

	LOCATION #1	LOCATION #2
CONSTRUCTION TYPE?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
YEAR BUILT? <small>(if older than 1960, provide renovation details)</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
USAGE? <small>(Primary, secondary, ETC)</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
NUMBER OF FAMILIES?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
PROTECTION CLASS?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
DISTANT TO FIRE HYDRANT:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
DISTANCE TO FIRE STATION?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
FIRE PROTECTIVE DEVICES? <small>(C/S, Direct, Local)</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
BURGLAR PROTECTIVE DEVICES? <small>(C/S, Direct, Local)</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
OTHER PROTECTIVE DEVICES:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

PLEASE PROVIDE A SCHEDULE OF ITEMS FOR COVERAGE, ALONG WITH VALUES

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

OCCUPIED DAILY?

YES NO YES NO

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.)

YES NO YES NO

IS PROPERTY WITHIN 250' OF DESIGNATED BRUSH AREA? (if so, answer the following questions)

BRUSH CLEARANCE (All sides)

WHAT IS ROOF TYPE?

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

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 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 NO
			<input type="checkbox"/> <input type="checkbox"/>
CURRENT HOMEOWNERS CARRIER		HOMEOWNER'S POLICY LIMIT:	
<input type="text"/>		<input type="text"/>	

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 FILED AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REUEST. 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:	DATE	PRODUCER'S SIGNATURE
<input type="text"/>	<input type="text"/>	<input type="text"/>