

INSTALLATION FLOATER APPLICATION

1. Name of Applicant: _____
 Address: _____

2. Nature of Business: _____

3. Type of Merchandise Installed: _____

4. Installation Gross Receipts for past 12 months \$ _____
 Projected next 12 months \$ _____

5. Total number of jobs completed in past 12 months: _____

6. Approximate percentage of annual installations in:
 Dwellings: _____ %
 Commercial risks: _____ %

7. Maximum number of jobs at risk at one time: _____

8.

| | <u>Lowest Job Value</u> | <u>Highest Job Value</u> | <u>Average Job Value</u> |
|------------|-------------------------|--------------------------|--------------------------|
| Dwellings | \$ _____ | \$ _____ | \$ _____ |
| Commercial | \$ _____ | \$ _____ | \$ _____ |

9. Indicate the approximate percentage for cost of materials and labor on installation jobs as follows:

| | <u>Cost of Materials</u> | <u>Cost of Labor</u> |
|------------|--------------------------|----------------------|
| Dwellings | _____ % | _____ % |
| Commercial | _____ % | _____ % |

10. Indicate Insurance Coverage desired:

Cost of materials only:

Cost of materials and labor:

Point when coverage on material to detach: _____.

11. What is the estimated average time in days to complete a job?

Dwellings: _____ Commercial: _____

12. What is the maximum Limit of Liability required:

| | | | |
|---------------------|----------|-----------------|----------|
| At any one job site | \$ _____ | | |
| Temporary Storage | \$ _____ | Located | \$ _____ |
| While in transit | \$ _____ | In any casualty | \$ _____ |

13. Transportation: Indicate annual values at applicant's risk of installation materials moving from plant, or any warehouse to job site:

| | | | |
|--------------------------|----------|----------------------|-------|
| By applicant's own truck | \$ _____ | Radius-Miles | _____ |
| By common carrier trucks | \$ _____ | Bill of Lading Terms | _____ |
| By railroad | \$ _____ | | |

By other means of transportation \$_____

Indicate means used: _____

14. Amount of deductible requested: \$_____

Deductible(s) on prior policies: \$_____

15. Security measures taken at job site and any temporary storage locations: _____

16. Loss Record for past three years:

| <u>Date</u> | <u>Amount</u> | <u>Type of Loss</u> |
|-------------|---------------|---------------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

17. Has insurance ever been cancelled or refused by any company or Lloyd's? _____

If so, when and for what reason? _____

PROPOSED POLICY TERM: FROM: _____ TO: _____

AGENT

CITY

STATE

INSURED

DATE