



Inland Marine Select Product

MISCELLANEOUS ARTICLES INLAND MARINE APPLICATION

1. Applicants' Name: _____
2. Applicants' Address: _____
- Phone Number: _____ Email Address: _____
- Web Address: _____

3. Applicants' Equipment:
- | | | | |
|--------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Ambulance Equipment | <input type="checkbox"/> Go Karts | <input type="checkbox"/> Pool Cleaning Equipment | <input type="checkbox"/> Vending - Candy/Snacks |
| <input type="checkbox"/> Amusement Rides | <input type="checkbox"/> Golf Carts | <input type="checkbox"/> Radio or TV Studio Equipment | <input type="checkbox"/> Vending - Stamps |
| <input type="checkbox"/> ATM Machines | <input type="checkbox"/> Janitorial Equipment | <input type="checkbox"/> Recording Studio Equipment | <input type="checkbox"/> Vending - Videos |
| <input type="checkbox"/> Band Uniforms | <input type="checkbox"/> Laundry Equipment | <input type="checkbox"/> Rock Climbing Wall | <input type="checkbox"/> Videographer |
| <input type="checkbox"/> Catering Equipment | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Scientific Instruments | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Concession Stand-Mobile | <input type="checkbox"/> Mortician's Equipment | <input type="checkbox"/> Sports Equipment | |
| <input type="checkbox"/> DJ Equipment | <input type="checkbox"/> Musical Instruments – describe _____ | <input type="checkbox"/> Theater Property | |
| <input type="checkbox"/> Exhibition Property | <input type="checkbox"/> Photography Equipment | | |

4. Applicants' Years in Business: _____ Applicants' Years of Experience: _____

5. Has Applicant, majority owner, partner, or member filed for bankruptcy in the past five years? Yes No

6. Has this coverage been cancelled or nonrenewed, including for non-payment, in the past three years? Yes No

7. **Schedule of Property & Equipment for which coverage is requested:**

Item	Description (Year, Manufacturer & Model)	Serial Number	Limit of Insurance
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$

*Attach another page if necessary. **Total Scheduled** \$ _____

Blanket coverage description (if requesting blanket coverage) - individual items under \$2,500 in value:

Description	Largest Item	Total of Items
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$

*Attach another page if necessary. **Total Blanket** \$ _____

8. **Deductible**
- \$500 \$1,000 \$2,500 \$5,000 \$10,000



UNDERWRITING AND RATING INFORMATION

9. How many losses has the insured incurred in the past three years? _____
Total incurred amount? _____ Details: _____
10. Is the insured a Trucking risk or requesting Motor Truck Cargo Coverage? Yes No
11. Is insured's covered property or equipment salesperson's samples? Yes No
12. Is insured's covered property or equipment located on the water? Yes No
13. Is insured's property or equipment routinely sent by mail or parcel post? Yes No
14. Does the insured lease, loan or rent covered property or equipment to others? Yes No
15. Is any insured property or equipment on this schedule left unlocked and/or unsecured when not in use? Yes No
a. If so, is the place of storage protected by a central station alarm system? Yes No
16. Are any objects unique or difficult to replace? Yes No
17. Do any objects have value beyond their apparent worth due to being rare or collectible? Yes No
18. Prior Carrier _____ Policy Term _____ to _____ Premium \$ _____
19. Loss payee _____

Virginia Notice: You have an option to purchase a separate limit of liability for the extension period. Policy common conditions I. If you do not elect this option, the limit of liability for the extension period shall be part of an not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature _____ Title _____ Date _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
