



COMMERCIAL INLAND MARINE APPLICATION
(Animal Floater, Golf Carts, Signs)

Applicant's Name:
Mailing Address:
Location Address:
Web site Address:

Agency Name:
Agent:
Address:
E-Mail:
Phone:

PROPOSED EFFECTIVE DATE: From To 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Applicant is: Individual Corporation Partnership Joint Venture
Limited Liability Company Other (Specify)

A. GENERAL INFORMATION:

- 1. Type of Coverage: Animal Floater Golf Carts Signs
2. Applicant's Business:
3. Number of Years in Business:
4. Contact for Inspection: Name: E-mail Address: Telephone Number:
5. Has applicant declared bankruptcy or been in receivership within the past five years?
6. During the past three years, has any company canceled, declined or refused similar insurance to the applicant?
7. Provide list of any additional information attached with the application:

8. Prior Carrier and Loss Experience Summary (must be completed):

- a. Provide prior insurance carriers during the last three years: _____

- b. Provide information regarding the date, cause and amount of all losses during the last three years whether covered or not covered by insurance:

Date of Loss	Description of Loss	Amount Paid/Pending
		\$
		\$
		\$

B. ANIMAL FLOATER:

1. Radius of transit: _____
2. Schedule of Animals:

Item No.	Type of Animal	Breed	Purpose	Limit Of Insurance
1				\$
2				\$
3				\$
Total:				\$

C. GOLF CARTS:

1. Description of where and how golf carts are used: _____

2. Are golf carts used for business purposes only? Yes No
 If no, explain: _____

3. Are any golf carts licensed for road use? Yes No
4. Are fire extinguishers present on every golf cart? Yes No
 If no, explain: _____

5. Are golf carts safety-inspected at regular intervals? Yes No
6. Amount of Deductible: \$ _____
7. Description of where and how golf carts are stored: _____

- a. Are keys to golf carts locked in separate office? Yes No
- b. Is there security lighting? Yes No
- c. Are the sites fenced? Yes No
- d. Are there any hazardous or flammable materials stored in close proximity to the golf carts? Yes No
- e. Are any of the permanent storage areas subject to flooding? Yes No
- f. What is the Public Protection Class (PPC) rating? _____
- g. Are there any private protection improvements? Yes No

h. What is the distance in feet to the nearest fire hydrant? _____ feet

i. What is the distance in miles to the nearest responding fire department? _____ miles

8. If any golf carts are stored indoors:

a. Are storage sites equipped with a central station fire alarm system that is monitored? Yes No

b. Are storage sites equipped with fire extinguishers? Yes No

c. Are storage sites or any portion of the sites equipped with sprinkler systems? Yes No

d. Are no-smoking rules posted and enforced? Yes No

e. Are storage sites equipped with a central station burglar alarm that is monitored? Yes No

9. Does applicant own any golf carts on which insurance is not currently being sought? Yes No

If yes, explain why insurance is not being purchased: _____

10. If this is a reporting form policy, check the box indicating if values reported include the values of leased or rented equipment? Yes No

11. Schedule of Golf Carts:

Item No.	Model Year	Type Unit, Model, Manufacturer, & Serial No.	Date Purchased	Purchase Price	Leased Y/N	Amount of Insurance
1				\$		\$
2				\$		\$
3				\$		\$
Total:						\$

12. Blanket Coverage?..... Yes No

If yes:

Per Item Limit: \$ _____

Per Any One Occurrence Limit: \$ _____

D. SIGNS:

1. **Coinsurance:** 80% 90% 100% Other ____%

2. **Provide the following information for each sign:**

	Item No. 1	Item No. 2	Item No. 3
Location			
Type of Sign			
Construction	<input type="checkbox"/> All Metal <input type="checkbox"/> Other	<input type="checkbox"/> All Metal <input type="checkbox"/> Other	<input type="checkbox"/> All Metal <input type="checkbox"/> Other
Height of Sign			
Two Sides	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attached/Unattached	<input type="checkbox"/> Attached <input type="checkbox"/> Unattached	<input type="checkbox"/> Attached <input type="checkbox"/> Unattached	<input type="checkbox"/> Attached <input type="checkbox"/> Unattached
Deductible	\$	\$	\$
Limit of Insurance	\$	\$	\$

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. **(Not applicable to Nebraska, Oregon or Vermont).**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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 WARNING APPLICABLE IN THE STATE OF NEW YORK: 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total
Deductible	\$	\$

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD WARNING:

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APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

IMPORTANT NOTICE

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