



# Inland Marine Supplemental Application

**GENERAL INFORMATION**

Effective Date: \_\_\_\_\_

Named Insured	DBA	FEIN/SSN:	
Mailing Address	City	State	ZIP
Web Address	Business Start Date	Years of Related Experience	
Agency	Producer	Phone	
Business Entity Type <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____			
Mailing Address Same As Business Location <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, Please provide: <del>XXXXXX</del> _____			

**RISK ELIGIBILITY** *(Please answer yes or no)*

1. Is this risk an Artisan/Specialty Contractor, General Contractor or Homebuilder?.....  Yes     No
2. Any work related to underground utility, tunneling, railroad, street/road/bridge or dam construction? .....  Yes     No
3. Any work related to airport or railroad construction?.....  Yes     No
4. Any blasting, demolition, building dismantling operations?.....  Yes     No
5. Any work for industrial, petroleum, chemical, mining or nuclear facilities? .....  Yes     No
6. Any hazardous material abatement, environmental remediation or landfill exposure?.....  Yes     No
7. Any rigging, logging, recycling or off-shore operations? .....  Yes     No
8. Has the applicant had prior Inland Marine / Property Coverage(s)? .....  Yes     No
9. Do you want Terrorism coverage included with your quote?.....  Yes     No

**COVERAGE OPTION** *(Select all that apply)*

<input type="checkbox"/> Single Shot Builders Risk	<input type="checkbox"/> Owned Small Tools (Max. \$1,000 per item)	<input type="checkbox"/> Employee Tools/Personal Effects (Max. \$1,000 per item)
<input type="checkbox"/> Installation Floater	<input type="checkbox"/> Property (For all property coverages a 90% coinsurance factor will apply)	<input type="checkbox"/> Scheduled Equipment

**SINGLE SHOT BUILDERS RISK**

10. Any structural changes to any existing buildings for this project?.....  Yes     No
11. Is this project already in the "course of construction"?.....  Yes     No

**PROJECT INFORMATION**

Address	City	State	ZIP
Project Start Date	Project End Date	Building Material Limit (Total Costs)	
Type of Project: <input type="checkbox"/> New Construction <input type="checkbox"/> Remodeling/Renovation INCLUDING coverage of the existing structure <input type="checkbox"/> Remodeling/Renovation EXCLUDING coverage of the existing structure			

PROJECT INFORMATION (continued)

- 12. Deductible:  \$1,000
- 12. Deductible:  \$1,000     \$2,500     \$5,000     \$10,000
- 13. Building Material Valuation Options:     Actual Cash Value     Replacement Cost
- 14. Construction Type:  Frame     Joisted Masonry     Non-Combustible Masonry  
 Non-Combustible     Fire Resistive
- 15. Unit Occupancy Type:     Single Family Home     Apartment/Multi-Family Dwelling     Distributor     Hotel/Motel  
 Light Manufacturing     Municipal Building     Office     Restaurant     Retail/Mercantile     School  
 Warehouse
- 16. Protection Class at Jobsite Location (1-10): \_\_\_\_\_
- 17. Number of Stories: \_\_\_\_\_ Square Footage(Project): \_\_\_\_\_
- 18. Income Coverage Options:  No Coverage     \$25,000     \$50,000     \$100,000

INSTALLATION FLOATER

- 19. Annual Receipts (All Projects): \_\_\_\_\_
- 20. Percentage of jobs require rigging(crane lifts):  None     Less than 25%     Between 26% and 50%     Over 50%
- 21. Limit (per jobsite):  \$50,000     \$100,000     \$250,000
- 22. Deductible:  \$1,000     \$2,500     \$5,000     \$10,000
- 23. Income Coverage Options:  No Coverage     \$25,000     \$50,000     \$100,000

PROPERTY

PROPERTY #1

- 24. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- 25. Construction Type:  Frame     Joisted Masonry     Non-Combustible     Masonry Non-Combust     Fire Resistive
- 26. Stories: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Year Built: \_\_\_\_\_
- 27. Valuation Options:  Actual Cash Value     Replacement Cost
- 28. Protection Class Occupancy Type 1-10: \_\_\_\_\_
- 29. Occupancy Type:  Office     Shop     Storage

CONTRACTORS EQUIPMENT COVERAGE

Scheduled Equipment - Limits up to \$5,000,000. \$500,000 max any one piece of equipment.

*Optional: Borrowed Equipment Coverage - Applies to equipment borrowed from another contractor at the jobsite.*

- 30. Are cranes or 'cherry pickers' included?.....  Yes     No  
If yes, what is the value of all Cranes on the Schedule? \$ \_\_\_\_\_
- 31. Value of all items on Schedule, excluding Cranes: \$ \_\_\_\_\_

32. Valuation (Same Rates Apply):  Actual Cash Value (5 years old or greater)  Replacement Cost (less than 5 years old)

33. Deductible:  \$1,000  \$2,500  \$5,000  \$10,000

34. Income Coverage Options:  No Coverage  \$25,000  \$50,000  \$100,000

**LEASED & RENTED FROM OTHERS**

*Optional: Leased & Rented From Others (Applies to equipment leased or rented from others)*

35. Annual leased and rented expenditures: \$ \_\_\_\_\_

36. Limit:  \$25,000  \$50,000  \$100,000  \$250,000  \$500,000

37. Deductible:  \$1,000  \$2,500  \$5,000  \$10,000

38. Income Coverage Options:  No Coverage  \$25,000  \$50,000  \$100,000

ITEM	MANUFACTURER	MODEL NUMBER	MODEL YEAR	SERIAL NUMBER	DESCRIPTION	LIMIT OF INSURANCE
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$
8						\$
9						\$
10						\$
<b>ALL COVERED PROPERTY</b>						<b>\$</b>

*\* Attach another page if necessary*

**BORROWED EQUIPMENT COVERAGE**

Select Limit and Premium:

LIMIT	PREMIUM
<input type="checkbox"/> \$10,000	\$50
<input type="checkbox"/> \$25,000	\$100
<input type="checkbox"/> \$50,000	\$150

OWNED SMALL TOOLS (Max. \$1,000 per item):

LIMIT	DEDUCTIBLE			
	\$250	\$500	\$1,000	\$2,500
\$5,000	<input type="checkbox"/> \$400	<input type="checkbox"/> \$300	<input type="checkbox"/> \$200	N/A
\$10,000	N/A	<input type="checkbox"/> \$400	<input type="checkbox"/> \$300	<input type="checkbox"/> \$200
\$25,000	N/A	<input type="checkbox"/> \$850	<input type="checkbox"/> \$675	<input type="checkbox"/> \$500
\$50,000	N/A	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,000

EMPLOYEE TOOLS AND PERSONAL EFFECTS (Max. \$1,000 per item):

LIMIT	DEDUCTIBLE			
	\$250	\$500	\$1,000	\$2,500
\$5,000	<input type="checkbox"/> \$350	<input type="checkbox"/> \$275	<input type="checkbox"/> \$200	N/A
\$10,000	N/A	<input type="checkbox"/> \$350	<input type="checkbox"/> \$275	<input type="checkbox"/> \$200

PROPERTY(S) DEDUCTIBLE AND INCOME COVERAGE

39. Deductible:  \$1,000     \$2,500     \$5,000     \$10,000

40. Income Coverage Limit Options:  No Coverage     \$25,000     \$50,000     \$100,000

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date