

Contractor's Equipment Floater Application (Commercial Inland Marine)

1. Name of Applicant:

2. Address:

3. Type of work:

- Paving Road Construction Site Preparation
 Sewer Construction Mining Other (please explain)

How long in the business under this name? Number of years:

5. Any waterborne exposures? : YES NO

Any underground exposures? : YES NO

If yes, please explain:

6. Principal area of operations:

7. How is equipment transported?:

- Own Vehicles Common Carrier Specialized Carrier

8. Location and construction of storage building(s), if any:

Describe overnight exposures

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Maximum values inside building? : \$ []

Proportion of time stored? : [] %

Describe any repair operations:

[]

9. Is equipment normally rented, loaned or leased TO others?: YES [] NO []

If yes, attach copy of lease or rental agreement(s). Indicate on schedule which items are leased

10. Is equipment normally rented, loaned or leased FROM others? : YES [] NO []

Is insurance desired? YES [] NO []

What is the value of the largest item leased? \$ []
Total expenditures past 12 months? : \$ []
Total expenditures anticipated next 12 months? : \$ []

11. Has any company cancelled, denied or declined to renew this insurance for the Applicant? YES [] NO []

If Yes, which company and why?

[]

12. Present Carrier:

[]

Rate: \$ []
Deductible: \$ []
Expiring Premium: \$ []

13. Name of bonding company:

[]

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14. Premiums and losses for past 5 years (Show date, amount and cause of each loss whether paid or denied):

15. Coverage desired:

- All Risk
 Named Peril
 Including Theft
 ACV

16. Deductible Desired: \$

17. Schedule of Equipment

Item No	Year	Manufacturer	Description of Property	Model No And Serial No	Amount of Insurance

18. Schedule of booms, including jibs, exceeding 100 feet.

Item No	Manufacturer	Number of Feet	Amount of Insurance

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19. Are portable tools (items less than \$1000 each) to be covered on a blanket basis? YES NO

If Yes, amount desired? :	\$	
Maximum value per tool? :	\$	

20. Does the Applicant own any other similar property not being covered by this insurance? YES NO

(INSURANCE IS NOT IN EFFECT UNLESS WRITTEN POLICY OR BINDER IS ISSUED.)

The Proposer agrees that the statements contained in this proposal are true and that, if insurance is effected, material misrepresentation or concealment of any information voids this insurance.

Applicant-Insured Signature:

Title:

Date:

Broker Signature:

Date:

This application is for the purpose of considering acceptability and premium determination and not binding on Markel International until evidence of an insurance contract has been issued by Markel International.