



Dallas
P: (972) 789-1962
F: (972) 789-1967

Houston
P: (281) 759-4855
F: (281) 759-7245

hullandco-texas.com

Commercial Inland Marine Application

(Including Agr./Cont. Equip., Bailee's, Golf Carts, Installation Floaters, Mini Warehouse, Signs, Trip Trans., Valuable Papers)

Applicant: _____ Agent Name: _____

Mailing Address: _____ Address: _____

Loc. Address: _____

Inception Date: _____ Exp. Date: _____

Nature of Business: _____ No. of Years Experience: _____

Prior Carrier: _____ Exp. Date: _____

Reason for Changing Companies: _____

Loss Experience—Amount & Cause (Five Years): _____

During the past three years has any company ever cancelled, declined or refused similar insurance to the applicant?
(Not applicable in Missouri.) Yes No If yes, explain: _____

Agricultural/Contractors' Equipment (Schedule Required)

Storage facilities for equipment on premises and/or at site: _____

Radius of operation: _____

What equipment is used for: _____

If farming, type of crop normally farmed: _____

Schedule of item(s) including description; serial #; age; value: _____

All Risk Named Peril Suggested rate: \$ _____

List lienholder(s) if any: _____ Suggested deductible: \$ _____

Bailee's Customers

Description of goods: _____

Limit of Liability: \$ _____

Maximum Limit any one item: \$ _____

All Risk Named Peril

Golf Carts

Description of where and how carts are stored: _____

Limit of Liability: \$ _____

Is operation of cart limited to the premises of named golf course only? Yes No If no, explain: _____

All Risk Named Peril

**Installation Floater
(Per project basis only)**

Type of property to be covered: _____

Length of project: _____

Security at installation site: _____

Transit exposure: _____

Distance from insureds' to installation site: _____

How will material be installed? _____

Limit of Liability: _____

All Risk Named Peril

Suggested pricing: \$ _____

Suggested deductible: \$ _____

Mini Warehouse

Description of general merchandise stored: _____

Limit of Liability: \$ _____

Maximum Limit any one item: \$ _____

Type of security for premises: _____

Signs

Describe Location and support structure on premises: _____

Print sign wording: " _____ "

Two sides? _____ Limit of Liability per sign to be covered: \$ _____

All Risk Named Peril

Trip Transit

Description of items to be transported: _____

Name, date of birth; driving record of operator: _____

Value of item(s): \$ _____

Radius of operation: _____ Number of days of trip: _____

Description of Vehicle and/or trailer: _____

Valuable Papers

Construction of building: _____

Type of safe or vault papers kept in: _____

Are duplicate copies kept on or off premises? On Off

Value of papers: \$ _____

Type of fire or police protection system: _____

Suggested pricing: _____ Suggested deductible: _____

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:

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NO.: _____

(Applicable to Florida Agents Only.)

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.