



INSTALLATION FLOATER APPLICATION

Name of Applicant: _____

Mailing Address: _____

Contact Name: _____ Telephone: _____

Location Address: _____

Years in Business: _____ Policy Term: _____ to _____

Insured is: _____ Individual _____ Partnership _____ Corporation _____ Joint Venture.

1. Type of Merchandise Installed: _____

2. Installation Gross Receipts for past 12 months \$ _____

Projected next 12 months \$ _____

3. Total number of jobs completed in past 12 months: _____

4. Approximate percentage of annual installations in:

Dwellings: _____ %

Commercial risks: _____ %

5. Maximum number of jobs at risk at one time: _____

6.

	<u>Lowest Job Value</u>	<u>Highest Job Value</u>	<u>Average Job Value</u>
Dwellings	\$ _____	\$ _____	\$ _____
Commercial	\$ _____	\$ _____	\$ _____

7. Indicate the approximate percentage for cost of materials and labor on installation jobs as follows:

	<u>Cost of Materials</u>	<u>Cost of Labor</u>
Dwellings	_____ %	_____ %
Commercial	_____ %	_____ %

8. Indicate Insurance Coverage desired:

Cost of materials only: ☐

Point when coverage on material to detach: _____.

9. What is the estimated average time in days to complete a job?

Dwellings: _____ Commercial: _____

10. What is the maximum Limit of Liability required:

At any one job site	\$ _____		
Temporary Storage	\$ _____	Located	\$ _____
While in transit	\$ _____	In any casualty	\$ _____

11. Transportation: Indicate annual values at applicant's risk of installation materials moving from plant, or any warehouse to job site:

By applicant's own truck	\$ _____	Radius-Miles	_____
By common carrier trucks	\$ _____	Bill of Lading Terms	_____
By railroad	\$ _____		
By other means of transportation	\$ _____		

Indicate means used: _____

12. Amount of deductible requested: \$ _____

Deductible(s) on prior policies: \$ _____

13. Security measures taken at job site and any temporary storage locations: _____

14. Loss Record for past three years:

<u>Date</u>	<u>Amount</u>	<u>Type of Loss</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

15. Has insurance ever been cancelled or refused by any company or Lloyd's? _____

If so, when and for what reason? _____

PROPOSED POLICY TERM: FROM: _____ TO: _____

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

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

Applicant's SignatureDate

Agent's SignatureDate