



Salt Lake City Area Office
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Chicago, IL 60606
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INSTALLATION FLOATER

General Information

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

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Producer's E-mail: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Is this a new business? Yes No If no, how many years have you been in business? \_\_\_\_\_

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**1. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_  
\_\_\_\_\_

**2. Desired Insurance**

Note: Coverage for Soft Costs is excluded. Soft Costs include but are not limited to interest payments to lenders, architectural and/or engineering fees, real estate taxes, permit fees and marketing expenses.

Named perils to be insured:  Fire  EC  V&MM  Theft

Occupancy waiver clause. Describe the exposure (i.e. multi-phase or multi-building project; who is moving in and when; percentage of the building to be occupied, etc.): \_\_\_\_\_  
\_\_\_\_\_

Inclusion of existing structure (renovations only). Describe the exposure (i.e. values, occupancy, etc.): \_\_\_\_\_  
\_\_\_\_\_

Temporary storage of materials off-site. Limit: \$ \_\_\_\_\_  
Describe the exposure (i.e. reason for off-site storage, type of materials stored, length of time stored, security at storage site, etc.): \_\_\_\_\_  
\_\_\_\_\_

Materials in transit. Limit: \$ \_\_\_\_\_  
Describe the exposure (i.e. types of materials, distance traveled, via owned trucks or common carrier, etc.): \_\_\_\_\_  
\_\_\_\_\_

Testing: \$ \_\_\_\_\_  
Describe what is being tested, when, and by whom, etc.: \_\_\_\_\_  
\_\_\_\_\_

**Limit of Liability:**

Limit at any single location: \$ \_\_\_\_\_  
 Limit on materials in temporary storage: \$ \_\_\_\_\_  
 Limit per occurrence: \$ \_\_\_\_\_  
 Limit at a temporary location: \$ \_\_\_\_\_  
 Transit limit: \$ \_\_\_\_\_

**Self Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**Deductible:**  Wind \$ \_\_\_\_\_

**3. Business Activities**

1. Gross receipts for the last 12 months: \$ \_\_\_\_\_
2. Projected gross receipts for the next 12 months: \$ \_\_\_\_\_
3. Provide projections about jobs in the next 12 months:

TYPE	ANNUAL NUMBER	MAX # OF JOBS IN PROGRESS	AVERAGE # OF JOBS IN PROGRESS	AVE. DURATION OF JOB
Residential				
Commercial				
Industrial				

4. Job values:

TYPE	AVERAGE JOB VALUE	HIGHEST JOB VALUE	LOWEST JOB VALUE	LABOR COSTS (% OF VALUE)	MATERIALS COST (% OF VALUE)
Residential	\$ _____	\$ _____	\$ _____	% _____	% _____
Commercial	\$ _____	\$ _____	\$ _____	% _____	% _____
Industrial	\$ _____	\$ _____	\$ _____	% _____	% _____

5. Indicate annual values of installation materials moved at applicant's risk:

- a. In Applicant's vehicle: \$ \_\_\_\_\_ Max. Radius: \_\_\_\_\_ miles
- b. Via common carrier: \$ \_\_\_\_\_

1. Describe bill of lading terms: \_\_\_\_\_  
 \_\_\_\_\_

- c. Via Railroad: \$ \_\_\_\_\_

- d. Via other means of transportation: \$ \_\_\_\_\_

1. Describe means used: \_\_\_\_\_  
 \_\_\_\_\_

6. Describe security at project sites (check all applicable):

- On-site guards If so, what hours: \_\_\_\_\_
- Fully fenced
- Lit at night

7. Describe security at temporary storage locations (check all applicable):
- On-site guards                      If so, what hours: \_\_\_\_\_
  - Fully fenced
  - Lit at night
8. Financial Data...
- about the applicant is attached
  - about the \_\_\_\_\_ project is attached

**Management**

9. Describe duties of owner(s): \_\_\_\_\_
10. Number of years under current management: \_\_\_\_\_
11. Number of years of management experience: \_\_\_\_\_
12. List any trade association memberships you hold: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Are owner(s) or applicant(s) operating as a lessee or subsidiary of any other business(s) other than the business applying for insurance?                       Yes  No
- a. If yes, are these businesses to be listed as an additional insured?                       Yes  No
1. If yes, supply the name and address of the other businesses and the Applicant's relationship to each: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. If no, provide a Certificate of insurance on all other operations.

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name