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FLOATING PROPERTY

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Telephone Number: () _____ Fax: () _____

Physical Location of Property (if different): _____

Population within 50 miles: _____

Contact Person: _____

Producer No.: _____ Producer's Name: _____

Producer's E-mail: _____

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

Completed Claims and Loss History form attached (REQUIRED)? Yes No

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: _____

Desired Insurance

1. Coverage: Floating Home Boathouse* Other Broad Basic
 (*Complete B. only under Section I Coverages)

2. Section I Coverages

	Limit	Premiums
A. Floating Home	\$ _____	\$ _____
B. Other Structures	\$ _____	\$ _____
C. Personal Property	\$ _____	\$ _____
D. Loss of Use (Optional)	\$ _____	\$ _____

3. Options

	Limit	Premiums
<input type="checkbox"/> Earthquake	\$ _____	\$ _____
<input type="checkbox"/> Replacement Cost Personal Property	\$ _____	\$ _____
<input type="checkbox"/> Increase Other Structures	\$ _____	\$ _____

Description: _____

4. Section II Coverages

	Limit	Premiums
A. Liability <input type="checkbox"/> CPL <input type="checkbox"/> OL&T	\$ _____	\$ _____

5. Options

	Limit	Premiums
<input type="checkbox"/> Residence Rented to Others (show location below)	\$ _____	\$ _____

6. Deductible

\$250 \$500 \$1000

Total Premium

\$ _____

7. Select one of the following: Agency Bill Direct Bill In House Financed 8 Pay 10 Pay

8. Limit of Liability:

- \$100,000 per accident / \$300,000 aggregate
- \$200,000 per accident / \$300,000 aggregate
- \$250,000 per accident / \$500,000 aggregate
- \$250,000 per accident / \$1,000,000 aggregate
- Other: _____

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

Floating Property

1. Floating Home Registration No.: _____ Body of Water: _____
 Location (Moorage Name & Address): _____
 Berth/Space No.: _____

2. Is a recent photograph of the floating property attached (REQUIRED)? Yes No

3. Is business conducted on premises? Yes No

If Yes, please indicate: Portion of Residence Used for Business: _____ No. of Employees: _____

Nature of Business: _____

4. Occupancy: Owner Tenant Seasonal/Vacation COC Other: _____

5. Protection Class: _____ Feet to Hydrant: _____ Miles to Fire Dept.: _____

Square Footage: _____ Year Built: _____

6. Is hull a converted structure? Yes No

If Yes, contact underwriter. Also, please indicate: Description of Original Structure: _____

Date Last Surveyed (attach copy): _____

7. Type of Siding: Wood Vinyl Aluminum Steel T111 Plywood

8. Type of Flotation: Log Log & Foam Concrete Hull Barge Pontoon

9. Primary Heat System: Forced Air Wall Baseboard Space

10. Fuel Type: Electric Gas Oil Other: _____

11. Is there a woodstove or fireplace insert? Yes No

If Yes, please indicate: Type & Model: _____ Date Installed: _____

Date Last Inspected: _____

12. Dwelling Updates (specify year): Structural: _____ Roof: _____ Electrical: _____ Plumbing: _____

13. No. of Operating Smoke Alarms: _____ No. of Fire Extinguishers: _____

14. Is structure isolated? Yes No
 If Yes, please explain: _____
15. Is floating home under construction? Yes No
 If Yes, please explain: _____
 Builder's Name (Certificate of Insurance Required): _____
 Contractor's License No.: _____
16. Additional Interest: Mortgagee Contract of Sale Loss Payee Additional Insured
 Name & Complete Address: _____
 Loan No.: _____
17. Additional Interest: Mortgagee Contract of Sale Loss Payee Additional Insured
 Name & Complete Address: _____
 Loan No.: _____
18. Occupation of Applicant: _____ Social Security No.: _____
19. Electrical System: Fuses Breakers
20. Condition of Siding: Good Fair Needs Repair
21. Condition of Flotation: Good Fair Needs Repair
22. What is houseboat secured with? _____
 Condition of Lines, Collars & Cleats: Good Fair Needs Repair
23. No. of Bilge Pumps: _____ Condition of Bilge Pumps: Good Fair Needs Repair
24. If flotation is enclosed hull, indicate the number of compartments and if they are foam-filled: _____
25. Is there a bilge pressure alarm system? Yes No
 If Yes, specify make and size (GPH): _____ Date Installed: _____
 Date Last Inspected: _____
26. Is there a basement? Yes No
 If Yes, what is it used for? _____
27. Do you own any other floating homes? Yes No If Yes, indicate number.: _____
28. Additional Remarks: _____

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