

Special Inland Marine Application

Reference	Today's date	Policy number	Effective date	Expiration date
	Producer		Sub-producer	
	Producer's street address		City	State Zip
	Producer contact		Producer telephone number	
	Applicant's first name	Applicant's last name	Home telephone number	Business telephone number
	Co-applicant's first name	Co-applicant's last name		
	Co-applicant's street address		City	State Zip
	NAIC code	Co/Plan		

Applicant's information	Applicant's occupation (State nature of business if self-employed or retired)				
	Applicant's employer name	Street address	City	State	Zip
	Years with current employer	Years with prior employer	Marital status	Date of birth	Social Security number
	Co-Applicant's occupation (State nature of business if self-employed or retired)				
	Co-Applicant's employer name	Street address	City	State	Zip
	Years with current employer	Years with prior employer	Marital status	Date of birth	Social Security number

Location information	Location #1 Street address (if different from above)		City	State	Zip
	Location #2 Street address		City	State	Zip
	Number of years at present primary residence		Number of years at prior primary residence		
			Location #1	Location #2	
	Construction type				
	Year built (if older than 1960, provide renovation details)				
	Square feet				
	Usage (primary, secondary, etc.)				
	Number stories				
	Number of families				
	Protection class				
	Distance to fire hydrant				
	Distance to fire station				
	Fire protective devices (C/S, direct, local)				
	Burglar protective devices (C/S, direct, local)				
	Other protective devices				

Location information
(continued)

If any of the following questions are answered "yes", provide details in the remarks section.

	Location #1		Location #2	
Occupied daily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safe/vault?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any domestic employees? (duties, age, length of service)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is building undergoing any renovation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is property within 2.5 miles of coastal waters? (if so answer the following questions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all exterior openings have storm shutters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proximity to water				
What is the elevation of the property?				
What is roof type?				
Foundation type? (slab, basement, stilts, etc.)				
Is property within 250' of designated brush area? (if so, answer the following questions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brush clearance (all sides)				
Slope	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give the degree of slope				
What is roof type?				
Foundation type? (slab, basement, stilts, etc.)				
On average, how many times do you travel per year?	Domestic	Overseas	Domestic	Overseas

Loss history

List all losses within the last 5 years, which were or would have been covered by this insurance.

Date of loss	Type	Description of loss	Amount (paid or reserved)
			\$
			\$
			\$
			\$
			\$

Coverages

Attach a detailed listing including the value of each scheduled item per location.

Scheduled property	Amount of insurance	Rate	Premium	Unscheduled property	Amount of insurance	Rate	Premium
Jewelry – IV				Jewelry – IV			
Jewelry – OV				Jewelry – OV			
Furs				Furs			
Fine Arts				Fine Arts			
Cameras				Camera			
Musical instrument				Musical instrument			
Silverware				Silverware			
Miscellaneous				Miscellaneous			
Premises				Premises			
Transit				Transit			
Earthquake				Earthquake			

Deductibles

All peril deductible	Earthquake deductible	Theft deductible
Wind/hail deductible	Named hurricane deductible	

