

Application for Property/Inland Marine Coverage

Named Insured: _____

Mailing Address: _____

Location Address: _____ County: _____

Mortgagee/Loss Payee (include mailing address): _____

Contact Person: _____ Phone #: _____ Fax #: _____

Number of years in business: _____ Effective Date: _____ Expiration Date: _____

Building Number	Construction Of Bldg.*	Year Built	Building Value	Contents Value (inside bldg.)	Building Used For:	Square Footage of Bldg.	Number of Stories

*Construction: 1 = Frame; 2 = Joisted Masonry; 3 = Non-combustible; 4 = Masonry non-combustible; 5 = Fire resistive
 Building and Contents Value = limit/amount of insurance desired

1. Are any buildings protected by an automatic sprinkler system? ____ Yes ____ No Bldg. # _____

2. Are any of the buildings protected by burglar or fire alarms? ____ Yes ____ No Bldg. # _____

If yes, type of alarm system. _____ Central Station ____ Local Alarm

3. Is the premises located within 1,000 feet of a fire hydrant? ____ Yes ____ No

If yes, number of feet _____

4. Number of miles the fire department is from the premises. _____

Name of fire department _____

5. Is there a grill or deep fryer on premises? ____ Yes ____ No

If yes, is an Ansul system used? ____ Yes ____ No How often is it cleaned/serviced? _____

6. Please describe the businesses surrounding and their distance from, the premises.

Left of the premises: _____

Right of the premises: _____

Front of the premises: _____

Rear of the premises: _____

7. If the buildings are older than 25 years, please indicate the date the following services were updated:

Plumbing: _____ Heating: _____ Electrical: _____ Roof: _____

Inland Marine Coverage
(Items not included in values on Page 1)

1. Signs: Type/construction: _____ Amt. of Insurance/Value _____

2. Miscellaneous Items (i.e. bumper boats, golf equipment, patio furniture, tools, etc.):

Name of Item	Description	Amt. of Insurance/Value

3. Go Karts:

Number of Karts	Year Manufactured	Make	Model	Limit per Kart	Total Amt. of Insurance

4. How are the go-karts stored when not in use and during off-season? _____

5. Do you want Business Interruption/Business Income coverage?
If so, list limit/amount desired: _____

6. Previous Insurance Company: _____ Premium Paid: _____
(Attach a copy of the declarations page from current policy)

7. **Attach a three-year loss run** from your previous property/inland marine insurance companies.
List and describe any losses in the past three years. (incl. date of loss, type of loss, amt. paid)

Applicant Signature: _____ Date: _____