

Installation Floater Application

AGENCY INFORMATION	
Agency Name:	Agency Code:
Agency Address:	
Producer Name:	

GENERAL INFORMATION					
Insured Name:			Agency Code:		
Mailing Address:					
Business Structure:	Individual	Partnership	Corporation	Joint Venture	Other
	If Other, please explain:				
Effective Date:	From:			To:	

OPERATIONS					
Describe the type of work being performed:					
States you conduct business in:					
Years in business:			Years under current management:		
Type of Materials Installed:					
Number of projects completed in past 12 months:			Expected number of projects for next 12 months:		
Approximate % of annual installations:		Commercial:	%	Dwellings:	%
Approximate % of cost of labor and materials:		Materials:	%	Labor:	%
Maximum number of projects at one time:					
Estimated average time to complete a job:					

RECEIPTS AND PAST CONTRACTS		
Installation Gross Receipts for installation projects in past 12 months		\$
Estimated Gross Income for installation projects in next 12 months		\$
Gross Receipts Past Three Years	Year	Gross Receipts
	1.	\$
	2.	\$
	3.	\$
Highest Job Value: \$	Lowest Job Value: \$	Average Job Value: \$

CONTRACTS CURRENTLY UNDER WAY		
Please lists all contracts currently under way		
Description & Location	Contract Value	Fire Class
	\$	
	\$	
	\$	
	\$	
	\$	

TRANSPORTATION		
Indicate annual values at applicant's risk of installation materials moving from facility to job site.		
By own truck:	\$	Radius (Miles):
By carrier trucks:	\$	
By railroad:	\$	
By other means:	\$	
Describe, if other:		

PREVIOUS INSURANCE/LOSS INFORMATION								
Year	# of Thefts	\$ of Thefts	# of Collisions	\$ of Collisions	# of all other	\$ of all other	Total #	Total \$
Has any insurer within the past 5 years refused to renew, or canceled insurance to applicant?					Yes		No	
If yes, give details:								
Please give details of your existing insurance								
Carrier:					Existing deductible:			
Renewal offered?					Existing limit:			
Expiring premium:					Expiration date:			

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature:

Date:

Producer Signature:

Producer Name (Please Print):

This Supplemental Application is an addendum to the standard ACORD® Commercial Insurance Application. All notices, statements, and representations contained in such ACORD® Commercial Insurance Application apply equally to this Supplemental Application and are hereby incorporated into this Supplemental Application by reference.