Installation Floater Application

AcadiaMarine™

AGENCY INFORMATION

Agency Name:		Agency Code:		
Agency Address	Street:	City:	State:	Zip:
Producer Name				

GENERAL INFORMATION

Insured Name:		Date:		
Mailing Address	Street:	City:	State:	Zip:
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 % for 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	$	

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CONTRACTS CURRENTLY UNDER WAY

Please list 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 the 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:

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Producer Name (Please Print): _____