Dryden Mutual Insurance Company
12 Ellis Drive . Dryden, New York 13053
607-844-8106 . 800-724-0560 . Fax: 607-257-0312

Commercial Inland Marine Application

Applicant's Name, Address, City, State & Zip

Agent Name

Agent Code: _____

Applicant Phone: _____

Date of Birth: _____

Social Security #: ____-____-_____

New Application

Rewrite of Policy # _____

Policy Period From: _____To: _____

TYPE OF OPERATIONS (Describe)

When property is used for profit, income, remuneration, or economic gain, rate as commercial.

Payment of minimum premium is required with application.

Stand alone minimum premium $125

UNDERWRITING INFORMATION

Occupation of Insured: _____ Years in operation: ____ Radius of operations: _____

When not in use, location address where equipment is stored? _____

Is any equipment rented to or from others? Yes No If yes, describe: _____

Have there been any losses within the last 3 years? Yes No If yes, explain: _____

Has any company canceled / refused insurance? Yes No

If yes, give company and reason: _____

Are there any other policies with Dryden Mutual? Yes No If yes, list #: _____

Do you want this listing added there? Yes No If no, give reason: _____

Are there other policies with another company? Yes No

If item is for business use, please advise why the item is not being added to insured's commercial property & liability policy: _____

If risk was previously quoted with us, what rate was given? _____ by _____

MR-52 MISCELLANEOUS PROPERTY

☐ Commercial Miscellaneous Property (i.e. trailers, mowers, tractors, hot dog carts, golf carts)

Deductible Options: _____

Brief Description of Unscheduled Item(s) to be covered: _____

Unscheduled Total: $ _____ (No one item to exceed $1,000)

Scheduled Total: $ _____ (For items that exceed $1,000, complete below)

Description of Scheduled Equipment

Year	Make/Model - Desription	Serial #	Amount of Coverage
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____

☐ **MR-61A COMPUTER COVERAGE**

Deductible Options: _____

Brief Description of Unscheduled Item(s) to be covered: _____

Unscheduled Total: $ _____ (No one item to exceed $1,000)

Scheduled Total: $ _____ (For items that exceed $1,000, complete below)

Description of Scheduled Equipment

Year	Make/Model - Desription	Serial #	Amount of Coverage
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____

☐ **MR-72 CONTRACTORS EQUIPMENT**
Larger Items ex: Backhoe, Excavator, Skid Steer, Logging Equipment, Large Tractors

****NOTE PHOTOS REQUIRED FOR ALL LOGGING EQUIPMENT****

Deductible Options: _____

Scheduled Total: $ _____

Description of Scheduled Equipment

Year	Make/Model - Desription	Serial #	Amount of Coverage
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____

☐ **MR-79 CONTRACTORS TOOLS & EQUIPMENT** (i.e. small hand & power tools)
MECHANICS TOOLS & EQUIPMENT

Deductible Options: _____

Brief Description of Unscheduled Item(s) to be covered: _____

Unscheduled Total: $ _____ (No one item to exceed $1,000)

Scheduled Total: $ _____ (For items that exceed $1,000, complete below)

Description of Scheduled Equipment

Item #	Make/Model - Desription	Serial #	Amount of Coverage
1	_____	_____	$ _____
2	_____	_____	$ _____
3	_____	_____	$ _____
4	_____	_____	$ _____

☐ **MR-41 MOBILE FARM MACHINERY**

Deductible Options: _____

Description of Scheduled Equipment

Item #	Make/Model - Desription	Serial #	Amount of Coverage
1	_____	_____	$ _____
2	_____	_____	$ _____
3	_____	_____	$ _____
4	_____	_____	$ _____

☐ **For any other class not previously designated on this application.**

Form: MR-_____ Desc: _____ Deductible $ _____

Description of Scheduled Equipment

Year	Make/Model - Desription	Serial # if applicable	Amount of Coverage
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____

If you need additional space, please attach a listing.

Loss Payee / Additional Insureds

Loss Payee #1

1) Name: _____ Interest: _____

Address: _____

Specific Item: _____

Loss Payee #2

1) Name: _____ Interest: _____

Address: _____

Specific Item: _____

For questions regarding this application, please contact Agency Service Representative:

Name: _____ Phone: _____ Ext: _____

Email Address: _____

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which the application is assigned. Subsequent consumer reports may be requested in connection withan update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumerreport was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.The undersigned hereby applies for Insurance Coverage as set forth in the application and the various attached underwriting schedules and affirms that thestatements and representations made herein are to the best of his or her knowledge true.

INSURANCE FRAUD WARNING NOTICE

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Agent:_____ Date: _____ Applicant: _____