



# Inland Marine Application

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

Agent Name

Applicant Phone: \_\_\_\_\_

Agent Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

New Application

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

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.**

Personal

Stand alone minimum premium \$125

Commercial

### 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 Are there other policies with another company? Yes No

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

If item is for personal use, please advise why the item is not being added to insured's personal homeowners policy:

### MR-52 MISCELLANEOUS PROPERTY

Personal Miscellaneous Property, including personal lawn mowers/tractors

Deductible Options: \_\_\_\_\_

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 - Description	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	- Description	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	- Description	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	- Description	Serial	#	Amount	of Coverage
1	_____	_____	_____	_____	\$ _____	_____
2	_____	_____	_____	_____	\$ _____	_____
3	_____	_____	_____	_____	\$ _____	_____
4	_____	_____	_____	_____	\$ _____	_____

**MR-53 PERSONAL ARTICLES FLOATER**

Deductible Options

Personal: \_\_\_\_\_

**Description of Scheduled Equipment**

Item #	Make/Model	- Description	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 - Description	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 with an 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 consumer report 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 the statements 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: \_\_\_\_\_