



Inland Marine Application

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

Agent Name

Applicant Phone: _____

Date of Birth: _____

Social Security #: ____ - ____ - _____

Agent Code: _____

New Application

Rewrite of Policy # _____

Policy Period From: _____ To: _____

Submitting for **QUOTE ONLY**

TYPE OF OPERATIONS (Describe)

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

Personal

**Payment of minimum premium is required with application.
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: _____



Credit Card Authorization Form

Please complete **ALL** of the following information for any new business application.

Visa Mastercard *These are the only cards accepted.*

Credit Card #:

Expiration Date: _____ mm/yy Amount: _____

Billing Information as listed on the Credit Card

First Name: _____ Last Name: _____ Middle Initial: _____

Business Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____

Authorization Signature: _____ Date: _____

New Business

Existing Policy

Policy #: _____

Named Insured: _____

Agency Name: _____

