



Inland Marine Supplemental Questionnaire

Insured Name & Location Address

Agent Name

Agent Code: _____

MR-52 Misc. Property (\$16/1000 with \$250 deductible) – ex: 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 (\$4.32/1000 with \$250 deductible)

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 (\$11/1000 with \$250 deductible)

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 (\$15/1000 with \$250 deductible) – ex: small hand & power tools

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	_____	_____	\$ _____
5	_____	_____	\$ _____
6	_____	_____	\$ _____
7	_____	_____	\$ _____
8	_____	_____	\$ _____
9	_____	_____	\$ _____
10	_____	_____	\$ _____
11	_____	_____	\$ _____
12	_____	_____	\$ _____
13	_____	_____	\$ _____
14	_____	_____	\$ _____
15	_____	_____	\$ _____

Form: _____ Desc: _____ Deductible \$ _____

Description of Scheduled Equipment

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

Loss Payee / Additional Insureds

Loss Payee

- 1) Name: _____ Interest: _____
Address: _____
Specific Item: _____
- 2) Name: _____ Interest: _____
Address: _____
Specific Item: _____

Additional Insureds

- 1) Name: _____ Interest: _____
Address: _____
Specific Item: _____
- 2) Name: _____ Interest: _____
Address: _____
Specific Item: _____