



Personal Lines Inland Marine Application

***Personal Lines means not used for profit, income, remuneration or economic gain**

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**

**Payment of minimum premium is required with application.
 Stand alone minimum premium \$125**

UNDERWRITING INFORMATION

Prior carrier: _____ Expiration date: _____

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 coverage added to the existing Dryden Mutual policy, if applicable? Yes No

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

MR-52 PERSONAL MISCELLANEOUS PROPERTY

- Antiques
- Generators
- Golf Carts
- Guns
- Hearing Aids /Insulin Pumps/ Medical
- Portable Sawmills, Wood Splitters & Wood Planers
- Quilts
- Handicap Wheelchairs/Scooters
- Taxidermy Heads
- Tombstone/Headstone
- Windmills

Deductible Options: _____

Description of Scheduled Items

Year	Make/Model - Description	Serial # (If applicable)	Amount of Coverage
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Coverage:			\$ _____

MR-61A COMPUTER COVERAGE

Deductible Options: _____

Description of Scheduled Computer

Year	Model - Description	Serial #	Amount of Coverage
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Coverage:			\$ _____

MR-53 PERSONAL ARTICLES FLOATER

- Bicycles
- Golf Equipment-No Carts
- Photographic Equipment
- Toy Train Collections
- Coin Collections
- Jewelry
- Silverware
- Furs
- Musical Instruments
- Stamps

Deductible Options: _____

Description of Scheduled Items

Item #	Description	Amount of Coverage
1	_____	\$ _____
2	_____	\$ _____
3	_____	\$ _____
4	_____	\$ _____
Total Coverage:		\$ _____

MR-85 FINE ARTS INCLUDING BREAKAGE

Deductible Options: _____

Description of Scheduled Items

Item #	Description	Amount of Coverage
1	_____	\$ _____
2	_____	\$ _____
3	_____	\$ _____
4	_____	\$ _____
Total Coverage:		\$ _____

MR-85 FINE ARTS WITHOUT BREAKAGE

Deductible Options: _____

Description of Scheduled Items

Item #	Description	Amount of Coverage
1	_____	\$ _____
2	_____	\$ _____
3	_____	\$ _____
4	_____	\$ _____
Total Coverage:		\$ _____

MR-41 MOBILE FARM EQUIPMENT
Including tractors used for lawn maintenance and snow removal

****NOTE PHOTOS REQUIRED ON ALL MOBILE EQUIPMENT VALUED OVER \$10,000****

Any treaded piece of equipment will be classified as commercial & assigned a commercial rate.

Deductible Options: _____

Scheduled Equipment Schedule

Item #	Amount of Coverage
1 _____	\$ _____
2 _____	\$ _____
3 _____	\$ _____
4 _____	\$ _____
	Total Coverage: \$ _____

Unscheduled Equipment Schedule

Amount \$ _____ We pay no more than \$1,000 per item.

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 within 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: _____

