



# Inland Marine Application

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

Agent Name

\_\_\_\_\_

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

Years in operation: \_\_\_\_\_ Radius of operations / operations territory: \_\_\_\_\_

When not in use, where is equipment stored? \_\_\_\_\_

Is any equipment rented to or from others? (Y/N)? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Have there been any losses within the last 3 years? (Y/N)? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Has any company canceled / refused insurance? (Y/N)? \_\_\_\_\_

If yes, give company and reason: \_\_\_\_\_

Are there any other policies with Dryden Mutual? (Y/N)? \_\_\_\_\_ If yes, list #: \_\_\_\_\_

Do you want this listing added there? (Y/N)? \_\_\_\_\_

Are there any other policies with any other company? (Y/N)? \_\_\_\_\_

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

### MR-52 MISCELLANEOUS PROPERTY

Personal Miscellaneous Property

Deductible Options:  \$100  \$250  \$500  \$1,000

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

Deductible Options:  \$250  \$500  \$1,000  \$2,500  \$5,000

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:  \$250  \$500  \$1,000  \$2,500  \$5,000

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:  \$250  \$500  \$1,000  \$2,500  \$5,000

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:  \$250  \$500  \$1,000  \$2,500  \$5,000

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:  \$100     \$250     \$500

**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: \_\_\_\_\_

