



# Personal Lines Inland Marine Application

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

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**

**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? (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 coverage added to the existing Dryden Mutual policy, if applicable? (Y/N)? \_\_\_\_\_

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:  \$100  \$250  \$500

### Description of Scheduled Items

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

**MR-61A COMPUTER COVERAGE**

Deductible Options:  \$100  \$250  \$500  \$1,000  \$2,000  \$2,500

**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:  \$100  \$250  \$500  \$1,000  \$2,000  \$2,500

**Description of Scheduled Items**

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

**MR-85 FINE ARTS INCLUDING BREAKAGE**

Deductible Options:  \$100  \$250  \$500  \$1,000  \$2,000  \$2,500

**Description of Scheduled Items**

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

**MR-85 FINE ARTS WITHOUT BREAKAGE**

Deductible Options:  \$100  \$250  \$500  \$1,000  \$2,000  \$2,500

**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:  \$100  \$250  \$500  \$1,000  \$2,000  \$2,500

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

