



**APPLICATION FOR
INSTALLATION FLOATER POLICY**

To: Larry Maier

NAME AND ADDRESS OF APPLICANT _____
PREVIOUS POLICY NO. AND INSURER _____

GENERAL
COMPLETE THIS SECTION IN ALL CASES. ATTACH SEPARATE PAGES IF ADDITIONAL SPACE IS REQUIRED.

Describe type of installation work in which applicant is engaged:
 Electrical Plumbing Machinery Heating or Air Conditioning Other (Describe)

Length of time in this business _____
Geographic area where installations usually take place _____

RIGGING: Describe any hoisting or lowering operations. Indicate maximum values at risk and who will be performing. _____
SECURITY MEASURES: Describe Insured's practices to control theft and vandalism losses at jobsites. _____

Does installation work involve custody of property of others? Yes No
 ("Yes", describe kind of property and under what circumstances. _____
 Average value of such property \$ _____
 Maximum value \$ _____

List losses for past three years:

DATE	AMOUNT PAID	DEDUCTIBLE	CAUSE OF LOSS

SECTION A SINGLE JOB
COMPLETE THIS SECTION ONLY IF INSURANCE IS DESIRED ON A SINGLE JOB. SEE SECTION B FOR INSURANCE ON ALL JOBS.

Limits of Liability:

\$ _____ At installation site located at _____
 (ADDRESS OR LEGAL DESCRIPTION)
 \$ _____ At temporary storage locations
 \$ _____ In transit
 \$ _____ Any one loss, disaster or casualty

Deductible: \$250 \$500 \$1,000 Other \$ _____

TRANSPORTATION:

Total values to be shipped to this job site at applicant's risk:

\$ _____ % on Applicant's Vehicles
 _____ % by Common Carrier

Distance Involved _____

Date insurance is to attach _____
 Number of months to complete _____
 Contract Price \$ _____
 Is the value of property of others included in limits of liability? Yes No
 Name and phone number of person to contact if inspection required: _____

SECTION B - MULTIPLE JOBS
 COMPLETE THIS SECTION ONLY IF INSURANCE IS DESIRED ON ALL JOBS.

LIMITS DESIRED:

\$ _____ At any one location
 \$ _____ On property at temporary storage locations
 \$ _____ On property in transit
 \$ _____ In any one loss, disaster or casualty

DEDUCTIBLE:

\$250. \$500.
 \$1,000. Other \$

Date Insurance is to attach:

PREMIUM PAYMENT:

Flat Reporting: Monthly Quarterly Annual

If Reporting, indicate basis: Total Completed Values Gross Receipts

Current Work in Progress \$ _____ Average Work in Progress \$ _____

Gross Receipts past 12 months \$ _____ Projected Gross Receipts next 12 months \$ _____

PROFILE OF OPERATIONS

OCCUPANCY	PERCENT	AVERAGE SIZE OF JOB	ESTIMATED NO. IN PROGRESS AT ANY ONE TIME	AVERAGE ESTIMATED TIME TO COMPLETE	AVERAGE CONTENTS RATES 100% COINSURANCE	
					FIRE	E.C.
DWELLINGS						
MERCANTILES						
PUBLIC BLDGS.						
INDUSTRIAL						
OTHER (Describe)						

TRANSPORTATION

Total Values shipped at Applicant's Risk in past 12 months \$ _____

Distance Involved _____

_____ % on Applicant's Vehicles
 _____ % by Common Carrier

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICANT'S SIGNATURE

DATE

Agent's or Broker's Name and Address

List other policies we write or are considering