



**INSTALLATION FLOATER APPLICATION**

- 1. Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2. Nature of Business: \_\_\_\_\_
- 3. Type of Merchandise Installed: \_\_\_\_\_
- 4. Installation Gross Receipts for past 12 months \$\_\_\_\_\_
- Projected next 12 months \$\_\_\_\_\_
- 5. Total number of jobs completed in past 12 months: \_\_\_\_\_
- 6. Approximate percentage of annual installations in: \_\_\_\_\_
- Dwellings: \_\_\_\_\_%
- Commercial risks: \_\_\_\_\_%
- 7. Maximum number of jobs at risk at one time: \_\_\_\_\_

8.

	<u>Lowest Job Value</u>	<u>Highest Job Value</u>	<u>Average Job Value</u>
Dwellings	\$_____	\$_____	\$_____
Commercial	\$_____	\$_____	\$_____

- 9. Indicate the approximate percentage for cost of materials and labor on installation jobs as follows:

	<u>Cost of Materials</u>	<u>Cost of Labor</u>
Dwellings	_____%	_____%
Commercial	_____%	_____%

- 10. Indicate Insurance Coverage desired:
- Cost of materials only:
- Cost of materials and labor:
- Point when coverage on material to detach: \_\_\_\_\_.

- 11. What is the estimated average time in days to complete a job?
- Dwellings: \_\_\_\_\_ Commercial: \_\_\_\_\_

- 12. What is the maximum Limit of Liability required:
- At any one job site \$\_\_\_\_\_
- Temporary Storage \$\_\_\_\_\_ Located \$\_\_\_\_\_
- While in transit \$\_\_\_\_\_ In any casualty \$\_\_\_\_\_

13. Transportation: Indicate annual values at applicant's risk of installation materials moving from plant, or any warehouse to job site:

By applicant's own truck	\$ _____	Radius-Miles	_____
By common carrier trucks	\$ _____	Bill of Lading Terms	_____
By railroad	\$ _____		
By other means of transportation	\$ _____		

Indicate means used: \_\_\_\_\_

14. Amount of deductible requested: \$ \_\_\_\_\_

Deductible(s) on prior policies: \$ \_\_\_\_\_

15. Security measures taken at job site and any temporary storage locations: \_\_\_\_\_

16. Loss Record for past three years:

<u>Date</u>	<u>Amount</u>	<u>Type of Loss</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

17. Has insurance ever been cancelled or refused by any company or Lloyd's? \_\_\_\_\_

If so, when and for what reason? \_\_\_\_\_

**PROPOSED POLICY TERM: FROM: \_\_\_\_\_ TO: \_\_\_\_\_**

**AGENT**

\_\_\_\_\_  
**CITY**

\_\_\_\_\_  
**STATE**

\_\_\_\_\_  
**INSURED**

\_\_\_\_\_  
**DATE**