



# ESSEX INSURANCE COMPANY

## INSTALLATION FLOATER APPLICATION

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Policy Term: \_\_\_\_\_ to \_\_\_\_\_

Insured is: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Joint Venture.

1. Type of Merchandise Installed: \_\_\_\_\_

2. Installation Gross Receipts for past 12 months \$ \_\_\_\_\_  
Projected next 12 months \$ \_\_\_\_\_

3. Total number of jobs completed in past 12 months: \_\_\_\_\_

4. Approximate percentage of annual installations in:

Dwellings: \_\_\_\_\_%

Commercial risks: \_\_\_\_\_%

5. Maximum number of jobs at risk at one time: \_\_\_\_\_

6.

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

7. 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	_____ %	_____ %

8. Indicate Insurance Coverage desired:

Cost of materials only:

Cost of materials and labor:

Point when coverage on material to detach: \_\_\_\_\_

9. What is the estimated average time in days to complete a job?

Dwellings: \_\_\_\_\_ Commercial: \_\_\_\_\_

10. What is the maximum Limit of Liability required:

At any one job site \$ \_\_\_\_\_

Temporary Storage \$ \_\_\_\_\_ Located \$ \_\_\_\_\_

While in transit \$ \_\_\_\_\_ In any casualty \$ \_\_\_\_\_

11. 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: \_\_\_\_\_

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

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

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

14. Loss Record for past three years:

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

15. 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: \_\_\_\_\_

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

The Proposer agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Agent's Signature Date