



[Commercial Property]

INSTALLATION FLOATER APPLICATION

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PART 1 GENERAL INFORMATION

Broker:	Contact Person:	Tel:
Policy Period: From: DD/MM/YYYY	To: DD/MM/YYYY	
Name of Applicant:		
Mailing Address:	Postal Code:	
Website Address:	Email Address:	
Previous Insurer:	Previous Policy Number:	
How long in Operation?		

PART 2 INSTALLATIONS

NATURE OF OPERATIONS PERFORMED	YEARS OF EXPERIENCE	NUMBER OF ANNUAL INSTALLATIONS

Average number of days to complete installation? _____

Average number of installations annually? _____

Maximum value of any one installation: \$ _____

Installations within existing structures: % Installations at new construction sites: %

Protection/Construction of Projects:

	FRAME	MASONRY	NON-COMB/FIRE RES.
Protected	%	%	%
Unprotected	%	%	%

Normal areas of operations: _____

Are Sub-Contractors hired? Yes No If "Yes", in what areas of the project? _____

Transit:

Points of Origin: _____

Destination: _____

Mode of Transport used: Owned Vehicles: % Common Carriers: % Rail: % Air: % Other: %

Average value of any one shipment: \$ _____

Rigging Operations:

Type of material is "Loaded", "Unloaded", or "Hoisted"?

Normal height the material is hoisted: _____ (in feet) Maximum value of any one lift: \$ _____

Equipment used in the "Loading", "Unloading", or "Hoisting" process:

Testing:

Type of testing conducted on installations:

Qualifications and experience of individuals performing the testing:

For Machinery: Are Manufacturers Representatives present? Yes No

Protection/Security Measures:

Procedures in place for securing material at project sites at the end of the working day:

Describe any on-site enclosed storage trailer(s) used:

PART 3 LOSS HISTORY

Check here if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Has any Insurer ever cancelled or refused coverage? Yes No If "Yes", please explain below:

Please attach any available insurance company loss reports with this application

USE THIS AREA FOR ANY ADDITIONAL INFORMATION

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

BROKER DECLARATION

How long have you known this Applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the Applicant's operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this Applicant? _____

Broker's Signature: _____

Position: _____

Please print name: _____

Date: _____