Inland Marine Select Product

MISCELLANEOUS ARTICLES INLAND MARINE **WARRANTY** APPLICATION

Applicant's name: _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Location address: _____ (if different from mailing address)

City: _____ Province/Territory: _____ Postal code: _____

Web address: _____ E-mail address: _____ Phone: _____

Form of business: ❑ Individual   ❑ Corporation   ❑ Partnership   ❑ LLC   ❑ Other _____

Applicant's equipment:

❑ Ambulance equipment
❑ Amusement rides
❑ ATM machines
❑ Auto detailing
❑ Band uniforms
❑ Carpet cleaning
❑ Catering equipment
❑ Collection bins
❑ Concession stand – mobile
❑ DJ equipment

❑ Embroidery/Silk screening
❑ Exhibition property
❑ Gaming equipment – excluding slot machines
❑ Go karts
❑ Golf carts
❑ Janitorial equipment
❑ Laundry equipment
❑ Medical equipment
❑ Mortician's equipment

❑ Musical instruments (describe) _____
❑ Photography equipment
❑ Pool cleaning equipment
❑ Power washing
❑ Radio or TV studio equipment
❑ Recording studio equipment
❑ Scientific instruments
❑ Sports equipment

❑ Surveying equipment
❑ Theater property
❑ Vending – candy/snacks
❑ Vending – stamps
❑ Vending – videos
❑ Videographer
❑ Other _____
_____

1. Applicant's years in business: _____ Applicant's years of experience: _____

2. Are there any past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or an officer, partner, member or owner, individually in the past five years?   ❑ Yes   ❑ No

3. Has insurance coverage been cancelled or non-renewed in the past three years?   ❑ Yes   ❑ No

   If "Yes," advise reason _____

4. Does the applicant lease, loan or rent equipment to others?   ❑ Yes   ❑ No

5. Does the applicant have any truck or motor truck cargo operations?   ❑ Yes   ❑ No

6. Does the applicant have any ocean marine operations or property located on the water?   ❑ Yes   ❑ No

7. Does the applicant send items/property through the mail or by parcel post?   ❑ Yes   ❑ No

8. Does the applicant's operation include objects that are unique or difficult to replace, or have value beyond their apparent worth due to being rare or collectable?   ❑ Yes   ❑ No

9. Schedule of property and equipment for which coverage is requested:*

Item	Description (year, manufacturer and model)	Serial Number	Limit of Insurance
1			$
2			$
3			$
4			$
5			$
6			$
7			$

8			$
9			$
10			$
Attach another page if necessary.		Total scheduled	$

Blanket coverage description (if requesting blanket coverage) – individual items under $2,500 in value:*

	Description	Largest Item	Total of Items
1		$	$
2		$	$
3		$	$
4		$	$
5		$	$
Attach another page if necessary.		Total scheduled	$

10. Deductible ❑ $500 ❑ $1,000 ❑ $2,500 ❑ $5,000 ❑ $10,000

UNDERWRITING AND RATING INFORMATION

17. How many losses has the applicant incurred in the past three years? _____

Total incurred amount? _____ Details: _____

18. Is the applicant a trucking risk or requesting motor truck cargo coverage? ❑ Yes ❑ No

19. Does the applicant's covered property include stock, items or equipment used by salespeople as samples? ❑ Yes ❑ No

20. Is the applicant's covered property or equipment located on the water? ❑ Yes ❑ No

21. Is the applicant's property or equipment routinely sent by mail or parcel post? ❑ Yes ❑ No

22. Does the applicant lease, loan or rent covered property or equipment to others? ❑ Yes ❑ No

23. Is any insured property or equipment on this schedule left unlocked and/or unsecured when not in use? ❑ Yes ❑ No

   a. If "Yes," is the place of storage protected by a central station alarm system? ❑ Yes ❑ No

24. Are any objects unique or difficult to replace? ❑ Yes ❑ No

25. Do any objects have value beyond their apparent worth due to being rare or collectible? ❑ Yes ❑ No

26. Prior carrier: _____ Policy term: _____ to _____ Premium $ _____

27. Loss payee: _____

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i)To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii)That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____

(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____

(Required in Prince Edward Island and Saskatchewan)

Issued or made by United States Liability Insurance Company, Canada Branch in the course of its business in Canada.