

WaterColor Management
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WaterColorManagement.com

## INLAND MARINE QUESTIONNAIRE

NOTE: Inland Marine insurance is designed to cover portable tools and equipment used in your business operations. Your property insurance provides very limited coverage for these items while you are on the job site. These items can be divided into three classes: 1) Mobile Equipment including forklifts, drilling rigs, back hoes and tractors; 2) Smaller items with individual values under \$5000 each like cameras, meters, pumps, and hand tools; and 3) Miscellaneous Tools like hand tools or other tools necessary for the job that are not scheduled. Please note that this application is divided into three sections to accommodate all classes of equipment.

Applicant/Insured					_ Date			
Lc	ocation Address							
Fe	Federal Tax ID# What is the desired effective date of coverage:							
Pł	hone No							
Fo	orm of business:	Individual	Corporation	Partnership	LLC	Other		
***Please attach loss runs for the last five years***								
1. Mobile Equipment & Machinery (Large equipment such as Forklifts, Drilling Rigs, Back Hoes, tractors, etc.)								
Do we need to include valuable papers coverage? Yes No								
Do we need to include EDP (Electronic Data, Hardware, Media, Programs, Software)? Yes No								
em			Serial Number -	Purchase	Purchased	Garaging Address	(if differe	

Item	Description (Year, Manufacturer, Model or type)	Serial Number - Required	Purchase Price	Purchased New/Used	Garaging Address (if different from location address)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

<sup>\*\*</sup>Use a separate sheet of paper if you need to list more items\*\*

<sup>\*\*</sup>We typically offer quotes Replacement Cost for 3 years or newer items otherwise Actual Cash Value\*\*

Do we need to include valuable papers coverage? Yes No Do we need to include EDP (Electronic Data, Hardware, Media, Programs, Software)? Yes No Item Description (Year, Serial Purchase Purchased **Storage Address (if different** Manufacturer, Model or type) Number -Price New/Used from location address) Required 1 2 3 4 5 6 7 8 9 10 \*\*Use a separate sheet of paper if you need to list more items\*\* \*\*We typically offer quotes Replacement Cost for 3 years or newer items otherwise Actual Cash Value\*\* 3. Miscellaneous Tools & Equipment (Hand tools and other necessary items for operations not included in 1 or 2) A. Total Coverage Amount: \_\_\_\_\_\_ (not scheduled) **WELL DRILLING RISKS ONLY:** Do you need Down-Hole coverage? Yes No **Loss Payee Information:** Section Loan # Item **Loss Payee Name: Loss Payee Address:** 1 or 2: No.:

2. Commercial Articles Schedule (Smaller items including pumps, meters, cameras, laptops etc.)

<sup>\*\*</sup>Use a separate sheet of paper if you need to list more items\*\*

P	lease	answer	the	foll	owing:
	-	41134461			O 44 11 15.

No past, pending or planned foreclosure and/or bankruptcy or judgement for				
unpaid taxes against the named insured or any officer, partner, member or owner				
of the applicant individually within the past five years	True	False		
The insured is not involved in trucking or motor truck cargo	_			
	True	False		
This coverage has not been cancelled or non-renewed (except if the prior carrier				
non-renewed this class of business), including for nonpayment of premium, in the	_	- 1		
past three years?	True	False		
Do you Lease, Loan, Rent or Borrow equipment from others?  Yes No  If so, limit and estimated annual expenditures \$  What security measures are taken at job site and any temporary storage locations:				
Please choose your deductible: \$1,000 \$2,500 \$5,000 \$7,50  Claim History:		000		
How many losses has the insured incurred in the past three years?				
Total incurred amount? Details:				
Total incurred amount? Details:				
Prior carrier Policy term Target Premium \$				
Applicant's signature				
TitleDate				