



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

INSTALLATION FLOATER APPLICATION

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer No.: _____ Producer's Name: _____

Producer's E-mail: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? ☐ Yes ☐ No If no, how many years have you been in business? _____

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture

☐ Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? ☐ Yes ☐ No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? ☐ Yes ☐ No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? ☐ Yes ☐ No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?

☐ Yes ☐ No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Note: Coverage for Soft Costs is excluded. Soft Costs include but are not limited to interest payments to lenders, architectural and/or engineering fees, real estate taxes, permit fees and marketing expenses.

Named perils to be insured: ☐ Fire ☐ EC ☐ V&MM ☐ Theft

☐ Occupancy waiver clause. Describe the exposure (i.e. multi-phase or multi-building project; who is moving in and when; percentage of the building to be occupied, etc.): _____

☐ Inclusion of existing structure (renovations only). Describe the exposure (i.e. values, occupancy, etc.): _____

☐ Temporary storage of materials off-site. Limit: \$ _____

Describe the exposure (i.e. reason for off-site storage, type of materials stored, length of time stored, security at storage site, etc.): _____

☐ Materials in transit. Limit: \$ _____

Describe the exposure (i.e. types of materials, distance traveled, via owned trucks or common carrier, etc.): _____

☐ Testing: \$ _____

Describe what is being tested, when, and by whom, etc.: _____

Limit of Liability:

Limit at any single location: \$ _____

Limit on materials in temporary storage: \$ _____

Limit per occurrence: \$ _____

Limit at a temporary location: \$ _____

Transit limit: \$ _____

Self Insured Retention (SIR): ☐ \$1,000 (Minimum) ☐ \$1,500 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000**Deductible:** ☐ Wind \$ _____**3. Business Activities**

1. Gross receipts for the last 12 months: \$ _____
2. Projected gross receipts for the next 12 months: \$ _____
3. Provide projections about jobs in the next 12 months:

TYPE	ANNUAL NUMBER	MAX # OF JOBS IN PROGRESS	AVERAGE # OF JOBS IN PROGRESS	AVE. DURATION OF JOB
Residential				
Commercial				
Industrial				

4. Job values:

TYPE	AVERAGE JOB VALUE	HIGHEST JOB VALUE	LOWEST JOB VALUE	LABOR COSTS (% OF VALUE)	MATERIALS COST (% OF VALUE)
Residential	\$ _____	\$ _____	\$ _____	_____ %	_____ %
Commercial	\$ _____	\$ _____	\$ _____	_____ %	_____ %
Industrial	\$ _____	\$ _____	\$ _____	_____ %	_____ %

5. Indicate annual values of installation materials moved at applicant's risk:

- a. In Applicant's vehicle: \$ _____ Max. Radius: _____ miles
- b. Via common carrier: \$ _____

1. Describe bill of lading terms: _____

- c. Via Railroad: \$ _____

- d. Via other means of transportation: \$ _____

1. Describe means used: _____

6. Describe security at project sites (check all applicable):

- ☐ On-site guards If so, what hours: _____
- ☐ Fully fenced
- ☐ Lit at night

7. Describe security at temporary storage locations (check all applicable):
☐ On-site guards If so, what hours: _____
☐ Fully fenced
☐ Lit at night
8. Financial Data...
☐ about the applicant is attached
☐ about the _____ project is attached

Management

9. Describe duties of owner(s): _____
10. Number of years under current management: _____
11. Number of years of management experience: _____
12. List any trade association memberships you hold: _____

13. Are owner(s) or applicant(s) operating as a lessee or subsidiary of any other business(s) other than the business applying for insurance? ☐ Yes ☐ No
- a. If yes, are these businesses to be listed as an additional insured? ☐ Yes ☐ No
1. If yes, supply the name and address of the other businesses and the Applicant's relationship to each: _____

2. If no, provide a Certificate of insurance on all other operations.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name