

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 | | | | |
|-------------------------------------|------------------------------|---|-------------------|---------------------------|--|-------|--|
| Location Address | | | | | | | |
| Federal Tax ID# | | What is the desired effective date of coverage: | | | | | |
| Phone No | | | | | | | |
| Form of business: | Individual | Corporation | Partnership | LLC | Other | | |
| | ***P | ease attach loss rur | ns for the last | five years*** | | | |
| 1. <u>Mobile Equipment</u> | : <u>& Machinery</u> (La | rge equipment sucl | n as Forklifts, I | Orilling Rigs, Back | K Hoes, tractors, | etc.) | |
| Do we need to includ | le valuable paper | s coverage? | | Yes N | No | | |
| Do we need to includ | le EDP (Electronic | Data, Hardware, N | 1edia, Progran | ns, Software)? | Yes | No | |
| Description (Year Model or type) | r, Manufacturer, | Serial Number - Required | Value | Down Hole Coverage Y/N | Garaging Addre different from address) | • | |
| | | | | | | | |

| iteiii | Model or type) | Required | value | Coverage Y/N | different from location address) |
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^{**}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**

| Do | | - Week | Carial | Value | Darrin | Chauses Addition | /:£ 4:££ |
|----------------------------------|---|---|--------------------------------|----------------|---------------------------------|---------------------------------|-----------------|
| Item | Descriptio Manufactu | n (Year, urer, Model or type) | Serial Number - Required | Value | Down Hole Coverage Y/N | Storage Address from location a | |
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| **\ **\ | Ve typically Miscellaneo | offer quotes Replacer | nent Cost for 3 | years or newer | sary items for op | erations not incl | |
| **\ **\ | Ve typically Miscellaneo | offer quotes Replacer | nent Cost for 3 | years or newer | sary items for op | erations not incl | |
| **\ **\ 3. <u>r</u> | Ve typically Miscellaneo A. Tota | offer quotes Replacer us Tools & Equipment al Coverage Amount: _ G RISKS ONLY: Do you | nent Cost for 3 | years or newer | sary items for op | erations not incl | |
| **\ **\ 3. <u>r</u> | Ve typically Miscellaneo A. Tota | offer quotes Replacer us Tools & Equipment al Coverage Amount: _ G RISKS ONLY: Do you | nent Cost for 3 | years or newer | sary items for op (no | erations not incl | |
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2. Commercial Articles Schedule (Smaller items including drill bits, drill pipe, pumps, meters, cameras, laptops etc.)

^{**}Use a separate sheet of paper if you need to list more items**

Please answer the following:

| 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 | | |
| past three years? | True | False |

| Do you Lease, Loan, Rent or Borro | ow equipment fro | om others? | Yes | No | | | |
|---|-------------------|----------------|---------------|---------|----------|--|--|
| If so, limit and estimated annual expenditures \$ | | | | | | | |
| What security measures are taken | | | | | | | |
| Please choose your deductible: | \$1,000 | \$2,500 | \$5,000 | \$7,500 | \$10,000 | | |
| Claim History: How many losses has the insured | incurred in the p | oast three yea | ırs? | | | | |
| Total incurred amount? | Details:_ | | | | | | |
| Prior carrier | Policy term | | _ Target Prem | ium \$ | | | |
| Applicant's signature | | | | | | | |
| Title | Dat | e | | | | | |