



ESSEX INSURANCE COMPANY

INSTALLATION FLOATER APPLICATION

1. Name of Applicant: _____
Address: _____
2. Nature of Business: _____
3. Type of Merchandise Installed: _____
4. Installation Gross Receipts for past 12 months \$_____

Projected next 12 months \$_____
5. Total number of jobs completed in past 12 months: _____
6. Approximate percentage of annual installations in: _____

Dwellings: _____%

Commercial risks: _____%
7. Maximum number of jobs at risk at one time: _____

8.

	<u>Lowest Job Value</u>	<u>Highest Job Value</u>	<u>Average Job Value</u>
Dwellings	\$_____	\$_____	\$_____
Commercial	\$_____	\$_____	\$_____

9. Indicate the approximate percentage for cost of materials and labor on installation jobs as follows:

	<u>Cost of Materials</u>	<u>Cost of Labor</u>
Dwellings	_____%	_____%
Commercial	_____%	_____%

10. Indicate Insurance Coverage desired:

Cost of materials only:

Cost of materials and labor:

Point when coverage on material to detach: _____.

11. What is the estimated average time in days to complete a job?

Dwellings: _____ Commercial: _____

12. What is the maximum Limit of Liability required:

At any one job site \$_____

Temporary Storage \$_____ Located \$_____

While in transit \$_____ In any casualty \$_____

13. Transportation: Indicate annual values at applicant's risk of installation materials moving from plant, or any warehouse to job site:

By applicant's own truck	\$ _____	Radius-Miles	_____
By common carrier trucks	\$ _____	Bill of Lading Terms	_____
By railroad	\$ _____		
By other means of transportation	\$ _____		

Indicate means used: _____

14. Amount of deductible requested: \$ _____

Deductible(s) on prior policies: \$ _____

15. Security measures taken at job site and any temporary storage locations: _____

16. Loss Record for past three years:

<u>Date</u>	<u>Amount</u>	<u>Type of Loss</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

17. Has insurance ever been cancelled or refused by any company or Lloyd's? _____

If so, when and for what reason? _____

PROPOSED POLICY TERM: FROM: _____ TO: _____

AGENT

CITY

STATE

INSURED

DATE