



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