

Special Inland Marine Application

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Today's date	Policy number	Effective date	Effective date Expiration date			
Producer		Sub-producer				
Producer's street address		City	State	Zip		
Producer contact		Producer telephone number				
Applicant's first name	Applicant's last name	Home telephone number	Business telephone number			
Co-applicant's first name	Co-applicant's last name					
Co-applicant's street address		City	State	Zip		
NAIC code	Co/Plan					
Applicant's occupation (State nature of business if self-employed or retired)						
Applicant's employer name	Street address	City	State	Zip		
Years with current employer	Years with prior employer	Marital status Date of birth	Social Securi	ity number		
Co- Applicant's occupation (State nature of business if self-employed or retired)						
Co-Applicant's employer name	Street address	City	State	Zip		
Years with current employer	Years with prior employer	Marital status Date of birth Social Security nu		ity number		
Location #1 Street address (if di	fferent from above)	City	State	Zip		
Location #2 Street address		City	State	Zip		
Number of years at present prim	nary residence	Number of years at prior primary residence				
Construction type		Location #1	Location #2			
Year built	e renovation details)					
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Square feet						
Square feet Usage (primary, secondar						
Square feet Usage (primary, secondar Number stories						
Square feet Usage (primary, secondar Number stories Number of families						
Square feet Usage (primary, secondar Number stories Number of families Protection class						
Square feet Usage (primary, secondar Number stories Number of families Protection class Distance to fire hydrant						
Square feet Usage (primary, secondar Number stories Number of families Protection class Distance to fire hydrant Distance to fire station	y, etc.)					
Square feet Usage (primary, secondar Number stories Number of families Protection class Distance to fire hydrant Distance to fire station Fire protective devices (Care	y, etc.) /S, direct, local)					
Square feet Usage (primary, secondar Number stories Number of families Protection class Distance to fire hydrant Distance to fire station	y, etc.) /S, direct, local)					
	Producer contact Applicant's first name Co-applicant's first name Co-applicant's street address NAIC code Applicant's occupation (State name) Applicant's employer name Years with current employer Co-Applicant's occupation (State name) Years with current employer Location #1 Street address (if diameter) Location #2 Street address Number of years at present prime Construction type	Producer contact Applicant's first name Applicant's last name Co-applicant's first name Co-applicant's last name Co-applicant's street address NAIC code Co/Plan Applicant's occupation (State nature of business if self-employed Applicant's employer name Street address Years with current employer Years with prior employer Co-Applicant's occupation (State nature of business if self-employer Street address Years with current employer and Street address Years with current employer Years with prior employer Location #1 Street address (if different from above) Location #2 Street address Number of years at present primary residence Construction type	Producer contact Applicant's first name Applicant's last name Co-applicant's first name Co-applicant's first name Co-applicant's street address City NAIC code Co/Plan Applicant's occupation (State nature of business if self-employed or retired) Applicant's employer name Street address City Years with current employer Years with prior employer Marital status Date of birth Co-Applicant's occupation (State nature of business if self-employed or retired) Co-Applicant's occupation (State nature of business if self-employed or retired) Co-Applicant's employer name Street address City Years with current employer Years with prior employer Marital status Date of birth Location #1 Street address (if different from above) City Location #2 Street address City Number of years at present primary residence Number of years at prior prim Location #1 Construction type	Producer contact Applicant's first name Applicant's last name Home telephone number Business tele Co-applicant's first name Co-applicant's street address City State NAIC code Co/Plan Applicant's occupation (State nature of business if self-employed or retired) Applicant's employer name Street address City State Years with current employer Years with prior employer Marital status Date of birth Social Securical State Vears with current employer Years with prior employer Marital status Date of birth Social Securical State Co-Applicant's employer name Street address City State Co-Applicant's employer name Street address City State Co-Applicant's employer name Street address City State Co-Applicant's employer years with prior employer Marital status Date of birth Social Securical State Location #1 Street address City State Number of years at prior primary residence Number of years at prior primary residence Location #2 Construction type		

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Location	If any of the following questions are answered "yes",									
information	provide details in the remarks section.									
(continued)	,	Location #1	Location #2							
	Occupied daily?	☐ Yes ☐ No	☐ Yes ☐ No							
	Safe/vault?	☐ Yes ☐ No	☐ Yes ☐ No							
	Any domestic employees?	☐ Yes ☐ No	☐ Yes ☐ No							
	(duties, age, length of service)									
	Is building undergoing any renovation?	☐ Yes ☐ No	☐ Yes ☐ No							
	Is property within 2.5 miles of coastal waters?	Yes No	Yes No							
	(if so answer the following questions)									
	Do all exterior openings have storm shutters?	Yes No	Yes No							
	Proximity to water									
	What is the elevation of the property?									
	What is roof type?									
	Foundation type? (slab, basement, stilts, etc.)									
	Is property within 250' of designated brush area?	Yes No	☐ Yes ☐ No							
	(if so, answer the following questions)									
	Brush clearance (all sides)									
	Slope	Yes No	Yes No							
	If yes, give the degree of slope									
	What is roof type?									
	Foundation type? (slab, basement, stilts, etc.)									
	On average, how many times do you travel	Domestic Overseas	Domestic Overseas							
	per year?									
Loss history	List all losses within the last 5 years, which were or would have been covered by									
	this insurance.									
	Date of loss Type Description of loss		Amount (paid or reserved)							
Coverages	Attack a detailed listing including the value of sock	a ala a ali ila al itama manila a atian								
Coverages	Attach a detailed listing including the value of each s Scheduled Amount of		, mount of							
	property insurance Rate Premium		isurance Rate Premium							
	Jewelry – IV	Jewelry – IV								
	Jewelry – OV	Jewelry – OV								
	Furs	Furs								
	Fine Arts	Fine Arts								
	Cameras	Camera								
	Musical instrument	Musical instrument								
	Silverware	Silverware								
	Miscellaneous	Miscellaneous								
	Premises	Premises								

Transit

Deductibles

Earthquake

All peril deductible

Wind/hail deductible

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Earthquake deductible

Named hurricane deductible

Transit

Earthquake

Theft deductible

General	eral Explain any "yes" answers in the remarks section.							
information	Is property retrofitted for earthquake?				Yes		No	
	Will any property be exhibited?				Yes		No	
	Will any special restriction/endorsements apply?				Yes		No	
	Is any property used professionally/commercially?				Yes		No	
	Is any business conducted on the premises?						No	
	During the last 10 years, has any applicant been convicted of any crime?						No	
	Any coverage declined, cancelled or non-renewed during the last 3 years?						No	
	(Not applicable in CA & MO)							
	Any foreclosure, repossession or bankruptcy during t	he past 5 year	s?		Yes		No	
	Renter and condos only:	<u> </u>						
	Is there a manager on the premises?] Yes		No	
	Is there a security attendant?				Yes		No	
	Is the building entrance locked?] Yes		No	
		Amount of	- · · · · · ·	Б.				
	Current personal inland marine carrier	coverage	Expiration date	Ris	sk new to a Yes	genc	y No	
	Current homeowners carrier			Ho	meowner's	s nolic		
	Canoni Homoowholo Camor			110	THOOWHOL (э ролс	by minic	
Schedule	☐ Yes ☐ No							
attached	Breakdown values per location.							
Remarks	Broakdown valaco por location.							
Heiliaiks								
	-							
	-							
	-							
NI . I' C								
Notice of	Personal information about you may be collected from	•	-					
Insurance Information	Such information as well as other personal and privileged information collected by							
Practice	us of our agents may in certain circumstances be disclosed to third parties. Tou							
	have the right to review your personal information in our file and can request correction of any inaccuracies. A more detailed description of your rights and our							
	practices regarding such information is available upor	•	-					
	or broker for instruction on how to submit a request t	•	nacı your agent					
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	Signature of insured				ii. C			
	Signature of producer			Da	ite			
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QBE the Americas

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