



## INSTALLATION FLOATER APPLICATION

Brokers Name: _____	Policy Period: _____
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Name of Applicant and Address: \_\_\_\_\_

Website Address of Applicant: \_\_\_\_\_

Previous Insurer: _____	Previous Policy Number: _____
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How Long in Operation: \_\_\_\_\_

Five-Year Loss History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has any Insurer ever cancelled or refused coverage: \_\_\_\_\_

### Installations

Nature of Operations Performed: _____	Years of Experience: _____	Annual Installations: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Average Number of Days to Complete an Installation: \_\_\_\_\_

Average Number of Installations Annually: \_\_\_\_\_

The Maximum Value of Any One Installation: \_\_\_\_\_

Installations Within Existing Structures: \_\_\_\_\_%    Installations at New Construction Sites: \_\_\_\_\_%

Protection/Construction of Projects:

	Frame	Masonry	Non-Comb/Fire Res.
Protected	%	%	%
Unprotected	%	%	%

Normal Areas of Operations: \_\_\_\_\_

Are Sub-Contractors Hired? \_\_\_\_\_    If Yes, in What Areas of the Project: \_\_\_\_\_

## Transit

The Points of Origin: \_\_\_\_\_

Destination: \_\_\_\_\_

Mode of Transport Used

Owned Vehicles \_\_\_\_\_% Common Carriers \_\_\_\_\_% Rail \_\_\_\_\_% Air \_\_\_\_\_% Other \_\_\_\_\_%

Average Value of Any One Shipment: \_\_\_\_\_

## Rigging Operations

Type of Material is Loaded, Unloaded or Hoisted: \_\_\_\_\_

Normal Height the Material is Hoisted: \_\_\_\_\_ The Maximum Value of Any One Lift: \_\_\_\_\_

The Equipment Used in the Loading, Unloading or Hoisting Process: \_\_\_\_\_

\_\_\_\_\_

## Testing

Type of Testing Conducted on Installations: \_\_\_\_\_

Qualification and Experience of Individuals Performing the Testing: \_\_\_\_\_

\_\_\_\_\_

For Machinery: Are Manufacturers Representatives Present? \_\_\_\_\_

## Protection/Security Measures

Procedures in place for securing material at project sites at the end of the working day: \_\_\_\_\_

\_\_\_\_\_

Describe any on site enclosed storage trailer used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date