



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