



# 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**