

INSTALLATION FLOATER

Please attach to Basic App or ACORD 125.

| | | | |
|---|---|--------------------------------|--------------------------|
| Producer Name: _____ Address: _____ _____ _____ | Applicant Name: _____ <input type="checkbox"/> Project Owner <input type="checkbox"/> Contractor Or <input type="checkbox"/> _____ Proposed Policy Term From _____ to _____ | | |
| ADDITIONAL INTERESTS TO BE ADDED | | | |
| Name | Address | As an Insured | As a Loss Payee |
| 1. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| LIMITS OF INSURANCE | | | |
| \$ _____ at any one jobsite | \$ _____ at one temporary location | | |
| \$ _____ while in transit | \$ _____ in any one loss or disaster | | |
| Deductible: Amount per loss \$ _____ (not less than \$500 minimum) | | | |
| Additional Coverages: | | | |
| <u>Limits Included</u> | <u>Selected Limits (If Different)</u> | | |
| Up to \$100,000 | \$ _____ | Temporary Structures | |
| Up to \$100,000 | \$ _____ | Forms and, Scaffolding | |
| Up to \$100,000 | \$ _____ | Removal Expense | |
| \$5,000 | \$ _____ | Fire Department Service Charge | |
| \$1,000 | \$1,000 | Loss Data Preparation | |
| 25% of property loss amount | 25% | Debris Removal | |
| \$5,000 | \$5,000 | Pollutant Clean Up | |
| CONTRACTOR'S OPERATION (Complete only if the applicant is a contractor) | | | |
| Operating Territory _____ | | | |
| Category (e.g. HVAC/Plumbing - Cold Storage Specialty) _____ | | | |
| _____ % Residential vs. _____ % Commercial; | _____ % Bid vs. _____ % Negotiated Contracts | | |
| _____ % Public vs. _____ % Private Work; | _____ % Union vs. _____ % Non-Union Labor Force | | |
| COMPLETE either A. Specific Construction Project or B. Multiple Projects Reporting Form | | | |
| A. SPECIFIC CONSTRUCTION PROJECT | | | |
| Contractor's Job Number _____ | | | |
| Work to be performed is _____ (Provide detail in Comments Section on page 3) | | | |
| How many of this specific kind of job has the contractor completed in the past year? _____ | | | |
| Job Contract amount is \$ _____; value of material provided by other than the contractor is \$ _____ | | | |
| When 25% of the job time period has elapsed, _____ % of the material values should be at the jobsite. | | | |
| Jobsite Address: _____ | | | |
| If Installation site is in a building, show construction class (e.g. wood frame, etc.) _____ | | | |
| Building Occupancy _____; Building age _____ years | | | |
| Materials will be installed on floor(s)# _____; Public Fire Protection Class _____ at jobsite | | | |
| Site Protection , when construction is not actively taking place: <input type="checkbox"/> 100% Fenced, <input type="checkbox"/> Floodlit, <input type="checkbox"/> Watchman | | | |
| <input type="checkbox"/> Security patrol service, <input type="checkbox"/> Securely locked building, <input type="checkbox"/> Central station burglar alarm system, <input type="checkbox"/> Occupied | | | |
| Transit Materials shipped in U.S. & Canada at your risk \$ _____; | | | |
| _____ % on land _____ % air _____ % water | | | |
| Shipped via common carrier _____ % (NOTE: Policy territory is within states of US and Canada Only) | | | |
| Rigging Total values to be rigged/hoisted \$ _____; Maximum value on any one lift \$ _____ | | | |
| Is rigging subcontracted? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, do you have subrogation rights against the sub? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does the sub have adequate Riggers Liability Insurance for loss to property being rigged? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

B. MULTIPLE PROJECT REPORTING FORM

Gross Receipts: Monthly, Quarterly, Annual or Monthly Completed Values

Type of Jobs you plan to do in the next 12 months - Please describe, with estimated % for each type.

On your typical job, the insured value (including profit) is about % Materials and % Labor
 When 25% of a job time period has elapsed, usually % of the total job material value is at the jobsite.

Transit: Annual value of material shipped in the U.S. and Canada at your risk should be \$
 Shipped via carrier for hire % ; shipped via your or subcontractor's vehicles %

Rigging is required in about % of your jobs. Describe typical rigging work in Comments Section page 3
 The average value per lift is about \$; the maximum value per lift is \$
 About % of the rigging work will be done by your employees and about % by a subcontractor

Will you waive subrogation rights against rigging subcontractors? Often Sometimes Never

Are rigging subs required to provide riggers liability insurance for loss to property they lift? Yes No

Activity Summary

| | Duration of Average Job | Annual # of Jobs | \$ Min | Total* Values per Job \$ Max | \$ Average | Annual \$ Gross Billings |
|-------------|----------------------------|----------------------|----------------------|---------------------------------|----------------------|-----------------------------|
| Past 12 mos | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Next 12 mos | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

* Total Value per job includes the value of property supplied by others, installed by you or your subcontractors.

Schedule of the Largest Jobs in Progress

| | Location | Type Job | New vs. Existing | Total Value \$(000) | Occupancy | Duration | % Complete |
|---------|----------------------|----------------------|-------------------------|-------------------------|----------------------|----------------------|------------------------|
| Example | Chicago Ill. | New A/C System | in existing Building | \$ 450 | Office | 45 days | 33 % |
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> % |

OPTIONAL COVERAGES (check desired coverages & complete appropriate questions)

Flood Coverage

Sublimits [if different from standard coverage limit(s)]

\$ at
 \$ at
 \$ any other location
 \$ in any one loss and any one policy year
 (\$10,000 is the standard minimum)

Deductible

\$

If a specific job policy, Federal Flood Zone at jobsite is ; Any material in basement? Yes No

If a multi job reporting policy:

Any existing or planned jobs within the 100 year floodplain? Yes No

Any existing or planned jobs within the 500 year floodplain? Yes No

(NOTE: Normally, flood coverage will **not** apply at locations within the flood plain.)

Earthquake & Volcanic Eruption

Sublimits [if different from standard coverage limit(s)]

\$ at
 \$ at
 \$ any other location
 \$ in any one loss and any one policy year

Deductible \$ OR % (standard is 2% to 10% of total completed value, depending on the geographic area)

If a specific job policy, is the jobsite within 10 miles of a known fault? Yes No (If yes, explain in comments)

OPTIONAL COVERAGES Continued

Equipment Breakdown (Adds coverage for mechanical breakdown and electrical injury loss to covered property)

Contingent Coverage
For at least % of the total annual billings for all the applicant's installation work, others are contractually responsible for purchase of property/builders risk insurance to protect the applicant's interest.

Installation Plus Endorsement (Adds coverage for Service Work, Contract Penalties, Plans & Records, Inflation protection, Extra Expense, Fire Protection Equipment, Crime Reward with various sub limits, plus Building Ordinance Coverage for loss to undamaged property.)

Temporary Coverage at your Premises Endorsement (Adds Coverage for materials assigned to a specific job while temporarily located at your premises; the limit for Temporary Locations applies.)

COMMENTS

A. Specific Project:

Work to be performed detail:

B. Multiple Project Reporting

Typical Rigging Work:

C. Optional Coverages

SIGNATURES

Applicant _____ Date _____ Producer _____ Date _____