



INLAND MARINE QUESTIONNAIRE

APPLICANT _____

ADDRESS _____

DESCRIBE OPERATION/OCCUPATION: _____

YEARS IN BUSINESS: _____

COVERAGES DESIRED: ALL RISK _____, NAMED PERIL _____, THEFT _____, TRANSIT _____

EFFECTIVE DATES: FROM _____ TO _____ DEDUCTIBLE: \$ _____

PROPERTY TO BE COVERED

ITEM #	DESCRIPTION	AMOUNT OF INSURANCE
TOTAL		

LOCATION WHERE NORMALLY KEPT: _____

CONSTRUCTION OF BLDG: _____, INSIDE/OUTSIDE CITY LIMITS: _____

SECURITY AT THIS LOCATION: _____

TRANSPORTED BY: APPLICANT'S TRUCK _____, OTHER'S _____

IF "ONE SHOT" TRIP TRANSIT COVERAGE: POINT OF ORIGIN _____

DESTINATION _____, NO. OF DAYS IN TRANSIT _____

ESTIMATED START DATE _____, ESTIMATED TERMINATION DATE _____

HOW TRANSITED _____, BY WHOM _____

MORTGAGEE: _____

THREE YR LOSSES: _____

REMARKS: _____

PRODUCER _____

DATE _____

LOCATION _____

PHONE _____